

R4

Results Review and Resource Request FY 1999

**Population, Health and Nutrition
Center**

**Bureau for Global Programs, Field Support and Research
U.S. Agency for International Development**

PART I: OVERVIEW AND FACTORS AFFECTING PROGRAM PERFORMANCE

In 1996, the Global Bureau's Population, Health and Nutrition Center (G/PHN) achieved impressive results and made significant contributions to Agency objectives. The Center's performance stems from its success in carrying out its critical functions. These functions include global leadership, research and evaluation, and technical support to the field. These critical functions, expressed in the intermediate results (IR) defined under each of the Center's four strategic objectives (SO), are unique to G/PHN. They define a continuum of expertise and assistance that links the operations of G/PHN with the problems and opportunities in the developing world; not only in countries served by USAID missions, but globally. The table below presents the IRs under each SO, including the recently approved and adopted SO and IRs for SO 4.

Strategic Objectives and Intermediate Results Center for Population, Health and Nutrition	
Strategic Objective	Intermediate Results
SO 1: Increased use by women and men of voluntary practices that contribute to reduced fertility.	IR 1.1: New and improved technologies and approaches for contraceptive methods and family planning identified, developed, tested, evaluated, and disseminated. IR 1.2: Improved policy environment and increased global resources for family planning programs. IR 1.3: Enhanced capacity for public, private, non-governmental and community-based organizations to design implement and evaluate sustainable family planning programs. IR 1.4: Demand for, access to and quality of family planning programs and other selected reproductive health information and services increased.
SO 2: Increased use of safe pregnancy, women's nutrition, family planning, and other key reproductive health interventions.	IR 2.1: Approaches and technologies to enhance key reproductive health interventions identified, developed, evaluated and disseminated. IR 2.2: Improved policies and increased public and private sector resources and capacity to deliver key reproductive health services. IR 2.3: Access to essential obstetric services increased in selected priority countries. IR 2.4: Quality of essential obstetric services increased in selected countries.
SO 3: Increased use of key child health and nutrition interventions.	IR 3.1: New and improved cost-effective interventions developed and disseminated. IR 3.2: Improved policies and increased global, national and local resources for appropriate child health interventions. IR 3.3: Enhanced knowledge of key child health and nutrition behaviors/practices in selected countries. IR 3.4: Improved quality and availability of key child health/nutrition services.
SO 4: Increased use of improved, effective, and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic.	IR 4.1: Increased quality, availability, and demand for information and services to change sexual risk behaviors and cultural norms in order to reduce transmission of HIV. IR 4.2: Enhanced quality, availability, and demand for STI prevention and management services. IR 4.3: Improved knowledge about, and capacity to address, the key contextual constraints to preventing and mitigating the impacts of HIV/AIDS. IR 4.4: Strengthened and expanded private sector organizations' responses in delivering HIV/AIDS information and services. IR 4.5: Improved availability of, and capacity to generate and use, data to monitor and evaluate HIV/AIDS/STI prevalence, trends, and program impacts. IR 4.6: Provide quality and timely assistance to partners (regional bureaus, mission, other donors, etc.) to ensure effective implementation of HIV/AIDS programs.

G/PHN's four strategic objectives advance the attainment of the Agency's strategic objectives and goals. The intermediate results guide programs and activities and allow the Center to monitor progress toward its strategic objectives.

Sustainability and program integration have been important cross-cutting themes in the PHN Center. Program sustainability has been promoted by building host country capacity to plan and manage programs, through training of trainers, strengthening of management systems, and technical assistance to improve management efficiency in partner agencies.

A high degree of integration is reflected in the strategic linkages among the Center's objectives: powerful synergies between their sub-sectors strengthen the impact of all the objectives. For example, reproductive health interventions in some cases have been integrated with family planning service delivery. Similarly, condom distribution and behavior change programs for HIV/STI prevention also help to achieve family planning objectives.

SO1: Increased use by women and men of voluntary practices that contribute to reduced fertility.

USAID has been the leading donor for family planning in developing countries for over thirty years. Its programs have had a significant impact on fertility, helping to bring the average number of children per family in developing countries down from over 6 in the 1960's to 4 currently. Over 150 million couples are estimated still to have unmet need for family planning services, however, and the momentum of population growth requires continued global cooperation in support of family planning efforts. By improving maternal and child health and reducing fertility, voluntary family planning programs play a critical role in helping countries buy time to address other development challenges and improve their citizens' standards of living.

In FY96, USAID's budget for population activities was cut by 35 percent and unprecedented restrictions delayed access to funds until nine months into the fiscal year. G/PHN/POP's response was to protect activities within programs closely related to service delivery, while disproportionate cuts were made in social science research, publications, regional initiatives, and other activities with fewer immediate consequences for service delivery. Continued restrictions on funds in FY97 will compound the difficulties created by the FY96 budget situation.

Despite these setbacks, significant progress was made in a number of areas, as reflected by these examples:

- new Drug Applications for the Filshie Clip for female sterilization and a 2-rod levonorgestrel implant system were approved by the USFDA;
- the Chief Minister and Cabinet of Andhra Pradesh, India have committed to increasing the state FP/RH budget for FY97-98 by \$5 million;
- the government of Indonesia institutionalized a systematic FP communication planning and evaluation process in 19 provinces;
- peer counseling and family planning services for adolescents were expanded in various countries;
- successful application of state-of-the-art methodologies for integrating family planning and STI/HIV/AIDS programs in Uganda and Tanzania; and,

- over five million doses of Depo-Provera were provided developing-world wide.

Progress toward the strategic objective is impressive. The contraceptive prevalence rate increased an average of one percentage point, from 32% to 33%, between 1995 and 1996 in 36 USAID-assisted countries, which translates into an increase of an estimated 8 million contraceptive users. At the intermediate result level, progress has exceeded expectations in the area of research and is on target for the other results. Furthermore, this progress was made during a period of unprecedented demands on G/PHN and cooperating agencies' (CA) staff to plan and manage an FY96 obligation schedule that tripled the usual number of obligations, drastically reduced project pipelines, and lessened flexibility. The full consequences of the adverse FY96 and FY97 budget situations will become evident over the FY97-99 period and may require adjustments to performance targets.

SO2: Increased use of safe pregnancy, women's nutrition, family planning and key reproductive health interventions.

Following the International Conference on Population and Development in Cairo 1994 and the U. N. Fourth World Conference on Women in 1995, a clear international consensus has emerged to improve reproductive health through attention to gender inequity and the legitimate rights of women for education, opportunities for paid employment, and access to health care. Multilaterals, especially WHO and UNICEF, have spent a considerable amount of effort in policy development -- the results of which will be seen in the coming decade. The development banks, especially the World Bank and the Asia Development Bank, have started to invest in the area of reproductive health. Certain governments have moved beyond rhetoric to make key policy and program changes which have the potential to greatly improve maternal health. USAID's early investment in maternal mortality research and pilot efforts has positioned us to play a major role with these new development partners. Furthermore, there is a growing awareness that as we continue to make gains in reducing infant and child mortality, an increasing proportion of the deaths that remain will be among newborns. Therefore attention to the health status of women and their care during pregnancy and childbirth will be essential in efforts to sustain declines in infant mortality rates.

The following examples illustrate the significant results achieved by this SO:

- in new areas which were targeted to be in the evaluation stage, a greater number than expected achieved the target levels, and several additional unplanned starts were initiated;
- the SO has participated in the LAC/G Bureau collaborative effort to build on the First Ladies' Initiative in Latin America. First Lady Hillary Clinton has commented positively on the outstanding nature of this international and inter-agency effort;
- studies funded by USAID demonstrated the advantage of institution- over survey-based data on obstetrical complications; the shift toward promotion of health information systems which record these complications at clinics and hospitals will improve data use and problem-solving at the service delivery level, while

also providing indicator data; and,

- as a result of USAID-supported research, it has been concluded that a re-orientation of resources toward community interventions will result in a shift toward reaching the 85% of obstetrical complications which can be treated with low-tech procedures nearer to the community.

Despite these positive developments, overall resources of key partners continue to decline and there is increasing competition for scarce resources. Within USAID, we are faced with a shrinking budget and reduced numbers technical staff devoted to this strategic objective. Despite strong interest from the field missions for maternal health programming, the Global Bureau's Population, Health and Nutrition Center's (G/PHN) ability to respond is limited.

To meet the Agency's objective of contributing to the global reduction of maternal mortality through PHN interventions, G/PHN's strategic approach is to leverage scarce resources by documenting the feasibility, effectiveness, and affordability of key maternal health interventions, and sharing these results with our international, government and NGO partners so that the enormously important USAID contribution can be used by others as they make their policy and programming decisions for investments in maternal health. Other USAID programs in economic growth, education of girls, and promotion of gender equity also continue to be essential contributors to the Agency goal of maternal mortality reduction.

SO3: Increased use of key child and nutrition interventions.

In September, 1996, the report of the Secretary General of the United Nations on progress toward the World Summit for Children Goals estimated that seven million children's lives are now being saved annually by the global child survival program. As one of the largest supporters of that program, USAID is acknowledged as having responsibility for a substantial part of this accomplishment. G/PHN's special roles within the Agency's child survival program include developing and applying cost-effective and sustainable interventions against childhood diseases; engaging in global policy development and in partnerships with other organizations; providing state-of-the-art technical support and assistance to field missions, regional bureaus, and countries' child survival programs; and deriving and disseminating best practices and innovative approaches from the Agency's experience to improve world-wide child survival programming.

The examples below illustrate the significant progress made by the SO:

- G/PHN's research continues to inform the Agency's global programming in such areas as micronutrients, Integrated Management of Child Illness, malaria prevention and control, new vaccine development, and new technologies such as Vaccine Vial Monitors.
- research results with potential to influence Agency programming include identification of the potential effects of vitamin A on maternal and neonatal health and on vertical HIV transmission, identification of an additional potentially important micronutrient (zinc), and application of new injection technologies to control diseases;

- global reporting now indicates DPT3 immunization coverage at over 80 per cent and use of oral rehydration therapy in more than half of all cases of diarrhea; and,
- in 1996, USAID was called upon by Congress to assist in the global Polio Eradication Initiative, after being the lead supporter of the successful effort to eradicate polio in the Americas. With a \$20 million Congressional earmark for Polio Eradication, the Agency decided to focus its efforts on southern Asia and Africa, the greatest remaining challenges for polio eradication. This earmark (which increased to \$25 million in FY 1997) will be programmed within USAID in a manner that reinforces other child survival programming.

Substantial challenges remain, however, in such areas as reducing infant and child deaths from pneumonia and malaria, improving nutrition and micronutrient status, and addressing maternal and neonatal mortality. Child health and nutrition resources of key partners, such as UNICEF, continue to decline, despite demands to expand coverage of existing interventions and for taking on new challenges. In this environment, donor coordination has become increasingly important. In 1996 G/PHN expanded strategic collaborations with organizations including UNICEF (micronutrients, immunization, Baby Friendly Hospitals), WHO (Integrated Management of Child Illness, child health research, breastfeeding, vaccine development, Polio Eradication), the World Bank (Integrated Management of Child Illness, health care financing), CDC (Polio Eradication, pneumonia vaccine development and testing), and NIH (pneumonia and malaria vaccine development and testing).

SO4: Increased use of improved, effective, and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic.

If left unchallenged, the spread of the human immunodeficiency virus (HIV), the precursor to the fatal acquired immunodeficiency syndrome (AIDS), will negatively impact economic and social development worldwide. During 1996, approximately 3.4 million additional persons became infected with HIV, the majority of whom are between the ages of 15 and 49. This total represents 8,500 new infections per day, of which 90% occur in the developing world and 50% are in women. In addition, in 1996 approximately 1.1 million persons died of AIDS. By the year 2002, the annual death toll from AIDS will reach nearly 3 million.

In response, USAID has emerged as the global leader in addressing the HIV epidemic by developing global standards of practice (i.e., proven interventions) for the prevention of HIV transmission. USAID has supported STI/HIV prevention through three major interventions: sexually transmitted infection (STI) reduction, condom social marketing (CSM), and behavior change communication (BCC); and several supporting interventions: behavior research, policy reform, monitoring and evaluation, local capacity building, and women's status/empowerment.

At both the objective and intermediate result level, during FY96 performance on SO4 has met or exceeded established targets:

- sales of socially marketed condoms per sexually-active male have nearly achieved the target set for the year 2000;

- social marketing programs were expanded in 12 emphasis countries, resulting in a 42% increase in condom distribution between 1995 and 1996;
- the number of condoms shipped to HIV emphasis countries has already more than doubled the expected target for the year 2000;
- progress in the creation of new technologies for prevention and diagnosis of HIV and other sexually-transmitted infections (STI) continues.

As discussed in more detail below, G/PHN's support to the AIDSCAP project -- the largest worldwide HIV/AIDS prevention and control program -- has also produced significant results in the areas of NGO capacity building, establishment of national guidelines and training programs for improved STI management, and operations research and training on HIV/AIDS counseling and testing. G/PHN also supported the establishment of "UNAIDS" as a major new structure to coordinate UN efforts on HIV/AIDS and participated actively in the development of UNAIDS Performance Monitoring and Evaluation System.

In 1996, G/PHN employed a highly participatory approach to redefine its HIV/AIDS Strategic Objective to respond to the growing worldwide epidemic. As a result of this dialogue, the Center's new HIV/AIDS objective will include the proven interventions of behavior change communication, the diagnosis and treatment of STIs, and greater access to condoms through social marketing. In addition, however, G/PHN's new approach will include community-based interventions that address the continuum of prevention to care, interventions directed at the social context in which individuals live and make sexual and health decisions, the broader inclusion of people living with HIV and AIDS, and the greater involvement of the private sector. Under this new Strategic Objective, G/PHN will focus on the following results:

- increased quality, availability, and demand for information and services to change sexual risk behaviors and cultural norms in order to reduce transmission of HIV;
- enhanced quality, availability, and demand for sexually transmitted infections management and prevention services such as the establishment of national policies and strategies to ensure the delivery of these services;
- developing and promoting approaches that address key contextual constraints and opportunities for prevention and care interventions;
- strengthened and expanded private sector organization responses in delivering HIV/AIDS information and services, including collaboration with the U.S. Peace Corps to support community-led responses to HIV/AIDS;
- improved availability of, and capacity to generate and apply data to monitor and evaluate HIV/STI/AIDS prevalence, trends, and program impacts; and,
- developing and strengthening mechanisms to provide quality and timely assistance to partners (regional bureaus, missions, other donors, etc.) to ensure effective and coordinated implementation of HIV/AIDS programs.

PART II: PROGRESS TOWARD OBJECTIVES

SO1: Increased use by women and men of voluntary practices that contribute to reduced fertility.

1. Performance Analysis

USAID has supported population programs in developing countries for over 30 years. G/PHN's strategic objective in this area is "increased use by women and men of voluntary practices that contribute to reduced fertility" and is directly linked to the Agency strategic objective of reduced unintended pregnancies. Over this period, the average fertility rate in the developing world (excluding China) has declined from 6.1 children per woman to 4.0 and the modern contraceptive prevalence rate (CPR) among currently married women has risen from under 10 percent to over 33% percent in 36 USAID-assisted countries that have recent DHS data. Notable examples of USAID-assisted countries where CPR has recently risen significantly include Nepal (24% in 1991, 29% in 1996) and Guatemala (23% in 1987, 31% in 1995).

G/PHN has four results under SO 1 that together create a supportive environment and institutional framework for the provision of quality family planning services and information in order to enhance couples' and individuals' ability to freely choose the number and spacing of their children. These results represent the building blocks that lead to increased contraceptive use and reduced population growth. The PHN Center's results and activities reflect USAID's leadership in population program implementation, recognize the close link between the Center and the field, and build on the Center's comparative advantage in research, technical and program innovations, and evaluation. Highlights of progress toward each result are presented below.

IR 1.1: New and improved technologies and approaches for contraceptive methods and family planning programs.

The purpose of this result is to build the scientific and technological base for successful, high-quality family planning and reproductive health programs. The investments made in new and improved technologies, contraceptives, and program approaches are long-term investments that enhance USAID's ability to expand method choice; to provide services in culturally acceptable and more effective ways; and to continue to be responsive to client needs and program realities in developing countries. FY96 targets for this result (see table) were exceeded.

USAID is the only US public-sector institution and only donor other than WHO making significant investments in contraceptive research with an eye toward the appropriateness and acceptability of new methods in the developing world. Furthermore, USAID's investment is leveraging substantial private sector resources for contraceptive development. An important secondary advantage of these investments is the benefit to American family planning users, who also will have more options from which to choose.

Contraceptive development:

Remarkable achievements in contraceptive development in FY96 include:

- approval by the USFDA to market two new contraceptive products: the Filshie Clip for female sterilization and a 2-rod levonorgestrel implant system. The next step is to consider whether and how to provide these methods to USAID-

assisted countries.

Operations research:

Operations research has begun to demonstrate critical lessons for reproductive health:

- linking post-abortion care and family planning can help reduce the number of repeat abortions; and,
- that travelling nurses are more acceptable and more effective service providers than stationary clinics in some settings.

Such findings have resulted in improved service delivery in some settings and new options for service delivery that promise to make family planning more accessible and acceptable to current and potential users.

G/PHN has also designed and experimented with other new data collection methodologies and program technologies that point the way to less expensive ways to collect data; more cost-effective training and communications techniques; and better evaluation techniques. All of these investments keep USAID at the cutting-edge of innovation in the population sector.

IR 1.2: Improved policy environment and increased global resources for family planning programs.

The 1994 Cairo Conference on Population and Development committed countries to translate the rhetoric of supportive population policies into action, with a focus on improved quality, access, and gender equity, and to increase the resources available for FP/RH programs. G/PHN is helping to provide policy makers and program managers with the tools and information they need to implement policies and programs in accordance with the Cairo principles. During FY96, particular effort was made to enhance NGO and PVO participation in the policy process in order to help governments enact policies that are responsive to client needs. Our expectation, based on experience, is that political commitment, adequate resources, and effective protocols will result in more effective and sustainable family planning programs.

Over the past year, G/PHN has continued to invest in the development and testing of an instrument to measure progress in the policy environment in terms of the number of priority countries that have policies and programs in place that reflect Cairo principles. The questionnaire from which the "Cairo score" is constructed was pre-tested in 5 countries in FY96. It was found to be overly time-intensive to complete, although completed questionnaires did provide the desired information. The questionnaire is now being modified to reduce the burden on respondents and will be retested and, if successful, applied in 15 priority countries in FY97. Another indicator--the share of service delivery provided by the private sector in developing countries--increased as expected between FY95 and FY96.

Reproductive health policy:

Although development of the Cairo score has been slow, progress has been made in some of the areas the indicator is intended to measure. Progress spurred by G/PHN provision of technical assistance and training includes:

- the founding of NGO advocacy networks in Turkey and Romania;
- a commitment by the Indian state of Andhra Pradesh to increase the FP/RH budget by \$5 million in order to expand RH services;
- the development of reproductive health guidelines in 15 countries and of medical, training, and service protocols in 5 countries; and,

- agreement by the government of Turkey to obligate government funds for the purchase of contraceptives on the open market.

These few examples are illustrative of the important role USAID can play in helping countries translate their commitment to family planning into action and, thereby, establish the legitimacy and importance of family planning and improve the ability of local institutions to provide high-quality, client-oriented services.

IR 1.3: Enhanced capacity for public, private, NGO and community-based organizations to design, implement, and finance sustainable family planning programs.

Building local capacity and sustainable systems is essential to effective and efficient service delivery, program success, national-level impact, and long-term sustainability. Activities under this result focus on strengthening the technical and management capacity of public, private, NGO, and community-based organizations. The technical assistance and training supported by G/PHN are oriented towards institutionalizing a problem-solving approach that enables our partner institutions to identify problems and solutions on their own and to improve their skills for managing family planning programs in a changing environment.

Systems strengthening:

Some examples of success in FY96 include:

- USAID assisted UNFPA in providing contraceptive assistance and logistics management training in Bolivia, Jordan, and other countries;
- public sector organizations in Mexico, Peru and Bolivia have improved the management of their clinics through the process of Continuous Quality Improvement;
- the government of Indonesia institutionalized a systematic FP communication planning and evaluation process in 19 provinces; and,
- an interactive radio series for grass-roots health providers resulted in significant measurable improvements in the quality of client-provider interactions, increased health seeking behavior, and improved image of health workers in Nepal.

The expected ultimate outcome of changes such as these is sustained, quality services that satisfy client needs.

The indicator for this result, the multi-level sustainability index, will attempt to link progress at the institutional level of the sort described above with increased sustainability of the national family planning program, which, in turn, is hypothesized to contribute to the desired outcomes of sustainable increases in contraceptive use and declines in fertility. In FY96, conceptual work at all three levels was completed. Baseline values were calculated at the program and outcome levels for nearly all USAID-assisted countries for three points in time between 1982-1994. The institutional assessment tool, which will provide critical information for missions and family planning institutions, will be field tested in FY97. Preliminary examination of the relationships between the program and outcome levels suggests a number of factors to consider in deciding whether gains in contraceptive prevalence and declines in fertility are likely to be maintained if USAID assistance is withdrawn.

IR 1.4: Increased access to, quality of, cost-effectiveness of and motivation for use of family planning and selected reproductive health information and services.

Responding to the high existing demand for family planning with accessible, quality, cost-effective services, as well as increasing demand and motivation for such services, is crucial to achieving SO 1. IR 1.4 depends heavily on and benefits from the close links between G/PHN and USAID's field programs and the achievement of the other three results. G/PHN provides extensive technical leadership and assistance in service delivery, training, IEC, management, contraceptive logistics, and evaluation.

The comprehensive nature of this result is difficult to capture in a few macro-level indicators. Of the two indicators reported here, one measures motivation to use family planning (mean desired family size) and the other serves as a proxy for access to information (mean number of modern methods recognized). Progress against these indicators is on target.

Increasing access, quality and use:

The breadth of achievements under this IR are reflected in:

- development under the Maximizing Access and Quality (MAQ) Initiative a technical tool on best practices for client-provider interaction and for service delivery and a checklist for community-based distribution (CBD) of oral contraceptives and Depo-Provera;
- expansion of peer counseling and family planning services for adolescents in various countries;
- effective use of client exit interviews to assess satisfaction with services and to make program improvements in eight countries in Latin America, based on NGO service delivery programs; and,
- provision of over five million doses of Depo-Provera developing-world wide, including expanded availability of contraceptive injectables in remote rural communities in various countries across Latin America, Africa, and Asia, for a total of 177,000 doses.

These achievements are all precursors to increased use by women and men of voluntary practices that contribute to lower fertility -- the ultimate strategic objective.

2. Expected Progress through FY 1999 and Management Actions

The 35% budget cut in FY96 and delayed access to appropriated population funds in both FY96 and FY97 have implications for the amount of progress that can be made towards SO1 over the FY97-99 period. In response to the adverse funding situation, direct service delivery (IR 1.4) was protected to the extent possible and disproportionate cuts were made in other areas -- areas where a larger share of the Agency's population resources are managed by G/PHN. Nonetheless, we do expect continued progress in a number of areas:

- promising contraceptive leads, such as Femcap and a new spermicide/microbicide preparation, will move to the next stage of development.
- provision of a wide range of contraceptive methods and assistance to countries in logistics management and phase-out of donated commodities, will occur as appropriate.

- post-abortion care studies will be scaled up in Peru, Mexico, and Bolivia.
- various new worldwide initiatives -- in operations research; data collection, monitoring, and evaluation; private sector partnerships for service delivery and NGO networks -- will be designed and/or launched. These are areas of strong comparative advantage for USAID and the new initiatives represent a restructuring and consolidation of previous efforts to be more responsive to AID/W and field realities.
- policy-makers will be trained in the use of market segmentation and strategic planning techniques in order to identify appropriate roles and target groups for public and private sector FP/RH programs.
- the assessment tool for measuring institutional sustainability will be field-tested.
- with technical assistance provided by USAID, Morocco's National Training Center for Reproductive Health will undertake sustainability planning in preparation for the withdrawal of USAID's support.
- an innovative young adults RH program linking policy, training, services, and education will be evaluated.
- strategic communication programs linking FP and RH will be developed.
- methodologies for determining and evaluating the cost of family planning programs will be further explored.

These areas illustrate the G/PHN's approach to population assistance, which is to make strategic investments in the areas that are key to increasing contraceptive use and lowering fertility--contraceptive research and development; contraceptives and logistics; social science and operations research; policy reform; evaluation; communications, management and training; and service provision.

3. Performance Data Tables

STRATEGIC OBJECTIVE 1: INCREASED USE BY WOMEN AND MEN OF VOLUNTARY PRACTICES THAT CONTRIBUTE TO REDUCED FERTILITY.

#	Selected Performance Indicators	1994 Baseline	1995 Data	1996 Data	Target 2000	Target 2005
1	Modern CPR for currently married women	30.9%	32.1%	32.9%	36.8%	42.0%
2	Modern CPR for unmarried women	2.9%	3.1%	3.2%	4.7%	5.9%
3	Median duration of exclusive breastfeeding (months)	1.2	-	1.3	2	3

INTERMEDIATE RESULT 1.1: NEW & IMPROVED TECHNOLOGIES AND APPROACHES FOR CONTRACEPTIVE METHODS AND FAMILY PLANNING IDENTIFIED, DEVELOPED, TESTED, EVALUATED AND DISSEMINATED

#	Selected Performance Indicators	1994 Baseline	1995 Data	1996 Target	1996 Data	Target 1998
1	# of new & current contraceptive leads/methods under dvlpmt or evaluation and/or advancing to the next	37_0_0	37_0_0	37_5_1	40_2	40_2
2	# of FP/RH strategies/ subsystems, IEC, training & other tech. imprvmts. under dvlpmt. or evaluated.	8 under dvlpmt.0 eval	8_0	10_0	12_3	15_10

INTERMEDIATE RESULT 1.2: IMPROVED POLICY ENVIRONMENT AND INCREASED GLOBAL RESOURCES FOR FAMILY PLANNING PROGRAMS

1	# of Cs with strategic plans reflecting public health principles, quality, access, and gender equity in FP/RH	--	in design phase	in pre-test phase	pretested in 5 countries	--
5	Share of service delivery by LDC private sector	41.8%	43.1%	44.5%	44.5%	47.3%

INTERMEDIATE RESULT 1.3: ENHANCED CAPACITY FOR PUBLIC, PRIVATE, NGO AND COMMUNITY-BASED ORGANIZATIONS TO DESIGN,

1	Scale for capacity building/sustainability	--	--	Indices developed	3 levels of indices developed	--
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INTERMEDIATE RESULT 1.4: DEMAND FOR, ACCESS TO AND QUALITY OF FAMILY PLANNING AND OTHER SELECTED REPRODUCTIVE HEALTH INFORMATION AND SERVICES INCREASED

1	Mean desired family size (# of children)	3.4	3.3	3.2	3.2	3.1
2	Mean # of modern methods known by WRA	4.6	4.7	5.1	4.9	5.4

NOTE: See Performance Data Tables in Appendix for definitions and target countries.

SO2: Increased use of safe pregnancy, women's nutrition, family planning and key reproductive health interventions.

1. Performance Analysis

The G/PHN strategic objective, "increased use of safe pregnancy, women's nutrition, family planning, and other key reproductive health interventions," which contributes to the Agency's objective of maternal mortality reduction, supports research, policy and programming to apply known technologies to preventable major causes of maternal mortality -- hemorrhage, infection, eclampsia, obstructed labor and the consequences of unsafe abortion. In addition to essential obstetric care, family planning, nutrition and infection control are an integral part of the G/PHN approach. This program not only reduces maternal deaths, but also reduces the immediate and long term consequences of complications of pregnancy and birth which affect millions of women and newborns each year.

In addition to promotion of key technical interventions, G/PHN cross-cutting programs - health financing, pharmaceutical management, and quality assurance -- are promoting accessible, equitable, affordable, and effective reproductive health services.

G/PHN is recognized as a global leader in the technical and cross-cutting areas which contribute to maternal mortality reduction. G/PHN exerts its global leadership through advocacy for women's reproductive health, documentation of "what works," global policy development, provision of state-of-the-art technical assistance, application of best practices to areas of the developing world with the most vulnerable populations, capacity-building among national counterparts, and determination and broad dissemination of the most cost-effective approaches to improvement of maternal health.

G/PHN relies on DHS data for service delivery coverage indicators and on smaller surveys and institution-based data for behavior and quality-of-care measurements. Since the development of a comprehensive set of reproductive health indicators just over a year ago, PHN programs have been testing these new indicators in the field. Some baseline data unavailable last year has now been gathered and provides the basis for evaluation in the coming years. Furthermore, at the intermediate result level, there have been substantial results for several indicators which have exceeded the targets, notably those related to development of approaches and improved policies.

IR 2.1: Technologies and approaches to reproductive health interventions identified, developed, evaluated, and disseminated.

The most significant accomplishment for this intermediate result has been in the area of measurement for program evaluation. The number of obstetrical complications serves as the denominator for two key maternal health indicators: met need for obstetrical services and case-fatality ratio. Recent analysis of six validation studies on three continents of maternal report of obstetric complications demonstrated the advantage of institution-based data over survey data. Institution-based data has the best potential for a more accurate and less expensive estimation of complications. The significance of this new understanding is that limited resources will not be spent on costly population-based surveys. Furthermore, the shift toward promotion of health information systems which record obstetrical complications at clinics and hospitals will improve data use and problem-solving at the service delivery level, while also providing indicator data.

In the areas of STD control in pregnancy and maternal nutrition, some baseline prevalence surveys have been completed:

- A series of baseline surveys in India, Malawi, Bolivia, Guatemala, and Indonesia record anemia prevalence ranging from 45% to 60% among pregnant women. In addition, research has been completed on women's experience of anemia symptoms, their perceptions about iron supplements, and the capability of various distribution systems to provide those supplements. These findings inform the development and testing of interventions to significantly improve iron supplement intake and decrease maternal anemia, the most significant cause of reproductive morbidity worldwide.
- A survey in Bolivia found a significant 4.3% incidence of syphilis (a historical killer which had been forgotten, not eradicated) among pregnant women; the finding has led the way to a joint initiative with WHO, PAHO and the Government of Bolivia to launch a program of prenatal testing and treatment for women and their partners based upon a similar highly successful program piloted in Kenya.

An issue which has begun to receive serious global attention is female genital mutilation (FGM). G/PHN has taken a culturally sensitive approach which utilizes local NGOs to improve understanding of the extent, nature and determinants of these practices.

- A validation study has confirmed the extremely high prevalence -- 94% -- of female genital mutilation (FGM) in Egypt. This study has contributed to the knowledge of obstetric and gynecologic complications of FGM and will form the basis for policy reform and an education campaign.
- Qualitative studies of FGM attitudes and practices have been carried out in Burkina Faso and Ghana; based on these findings, FGM elimination strategies are being developed, including an effort to educate community change agents to sensitize communities to the harmful health and psycho-social effects.

IR 2.2: Improved policies and increased public and private sector resources and capacity to deliver key reproductive health services.

In the area of provision of essential obstetric care to reduce maternal mortality, G/PHN efforts are leading the way to a major paradigm shift regarding the focus of effective programming. A major subject of international debate in this area has been whether to target investments on upgrading delivery rooms and posting obstetric and anesthesia specialists in referral hospitals or on provision of basic essential obstetric services by midwives and other frontline providers at community-based institutions. As a result of re-analysis of classic studies done in Matlab, Bangladesh, and Fortaleza, Brazil -- as well as a recent assessment carried out in India -- it has been concluded that a re-orientation of resources toward community interventions will result in a shift toward reaching the 85% of obstetrical complications which can be treated with low-tech procedures nearer to the community. This is a conclusion with profound implications since some governments and development banks have previously been investing in costly care at referral hospitals, currently estimated to be reaching only 15% of women with obstetric complications. Application of this principle should result in significant decreased costs, improved maternal health, and decreased maternal and neonatal mortality.

G/PHN has been a leader in promoting breastfeeding as a cost-effective intervention to improve child-spacing, child health and maternal health:

- **Training in breastfeeding and the Lactational Amenorrhea Method (LAM) for family planning in Russia has been so successful that policies in Novosibirsk and Vladivostok maternities have been changed to permit and encourage "rooming-in" of infants with mothers after birth in order to ensure early and successful initiation of breastfeeding.**
- **In an effort spanning several years, USAID has supported UNICEF in developing a "Baby Friendly" certification process for hospitals in 51 countries. In countries where USAID-trained professionals have mobilized efforts, 6,942 hospitals have been designated "Baby Friendly," constituting 83% of the 8,319 Baby Friendly hospitals worldwide.**

A key intervention in G/PHN's approach to reducing maternal mortality and preventing further unwanted pregnancies and repeat abortions is its model of post-abortion care. In the past year, the cost-effectiveness of post-abortion care and family planning has been demonstrated in Mexico, Peru and Bolivia, where there has been a dramatic reduction in hospital stays resulting in a two-thirds reduction in the cost of treatment. This finding sets the stage for policy reform and improved programming for reproductive health services.

IR 2.3: Access to essential obstetric services increased in selected countries.

While many women in areas of the highest maternal mortality have access to and utilize out-patient services, most do not use services for delivery, even in the event of a life-threatening complication. It has become apparent that to meet the needs of women, it is essential to deliver services closer to the community and make them more culturally appropriate. These needs have been instrumental in undertaking a strategy which promotes and supports NGO provision of services responsive to the community.

- **Under the USAID Pakistan NGO Initiative which relies on G/PHN for technical assistance, NGOs are expanding their breadth of services and their reach into remote villages. One example is the highly successful spread of reproductive health information via radio through a soap opera format. Augmented by formal listening groups, this has brought up-to-date health information on preventive care for infants and mothers, including safe delivery and breastfeeding, to women who are isolated in family compounds due to religious and cultural practices.**
- **In Bolivia, after a successful pilot, 17 NGOs have expanded a media approach to health education on the early signs of pregnancy-related complications to all departments in the country.**

G/PHN's strategy of using operations research has been very successful in introducing post-abortion care and showing its benefits, resulting in a rapid expansion of government services:

- **As a result of a successful post-abortion care model piloted in three hospitals in Egypt, post-abortion care services are being scaled up to 10 additional hospitals.**
- **In Latin America, an improved model for post-abortion care and family planning**

is being replicated. Expansion will include 12 additional hospitals in Peru, 14 additional hospitals in Bolivia, and complete coverage of government hospitals in Mexico.

IR. 2.4: Quality of essential obstetric services increased in selected countries.

To date, many efforts throughout the world have focused upon training as the key intervention to improve the quality of services. While training remains an essential strategy to improve quality of services, G/PHN programs are increasingly using a quality assurance model. This starts with a robust situation analysis which forms the basis for problem identification and problem solving. The results of implementing these approaches include reduction in duplication of tests in Lodz, Poland, resulting in cost savings; doubling of clients presenting for care in a clinic in Zambia; and improving prenatal clinic attendance in a Niger clinic. The methods are very low cost, build the capacity of service providers and managers to solve other problems, and provide "success stories" which lead the way to policy change including eventual institutionalization of a quality assurance approach.

Fundamental to the quality assurance approach is an understanding that most improvements in quality of care rely upon the ability to measure quality of care objectively, using well-defined standards of practice -- an essential which many countries lack. In Jordan, USAID transferred state-of-the-art methods of standards development to Ministry of Health counterparts, who have developed the first clinical practice standards for antenatal care, maternal health laboratory screening, high-risk pregnancy screening, and examination of the newborn, including infant weight measurement. Similarly, in Bolivia and Guatemala, protocols are now in place which form the basis for training and measurement of the performance of maternal care providers.

Based upon a fundamental G/PHN value, which is reflective of USAID's core value of focus on the customer, service delivery based upon client needs and desires is given highest priority. A model of family-centered maternity care has been successfully field-tested in Donetsk, Ukraine. Providing an environment which meets the needs of mothers and fathers--not just health care providers--during birth and the postpartum period, increased early initiation of breastfeeding to 100%. The model is being adopted in two other oblasts in Ukraine. Many other approaches are being implemented in the field. In Bolivia, a pregnant woman's statement of rights has been developed for posting in all maternal health services, thus educating women themselves and their husbands about their right to essential food, rest and care during the childbearing process.

2. Expected Progress through FY 1999 and Management Actions

In the coming years, the research studies, models, and field programs which are now being implemented in the field will bring results. The following examples provide illustrations of anticipated progress.

IR 2.1: Technologies and approaches to reproductive health interventions identified, developed, evaluated, and disseminated.

STD treatment:

- The impact on maternal and perinatal survival of presumptive treatment of STDs in pregnant women will be determined in Uganda.
- The feasibility and cost of integrating treatment of reproductive tract infections into health centers in India currently providing family planning will be determined.

Malaria chemoprophylaxis:

- In Malawi, the feasibility and benefit of chemoprophylaxis for malaria in pregnancy, currently a major cause of maternal morbidity and low birthweight in sub-Saharan Africa, will be determined.

Reproductive services for adolescents:

- A model for integration of young adult reproductive health into primary health care activities in Peru will be field-tested.
- Qualitative research to determine adolescent sexual and health seeking beliefs and practices, as well as recommendations for reproductive health services, will be completed in Uganda.

Anemia:

- The impact of iron supplementation programs directed at pregnant women, based upon improved distribution of supplements and motivation for compliance, will be determined in Malawi, India, Guatemala, Bolivia, Peru, and Indonesia.
- In Sri Lanka, a study to validate the biologic impact of iron fortification of wheat flour will be completed.
- Policy development efforts to encourage iron fortification of wheat in Sri Lanka, Bolivia, and Peru and iron fortification of rice in the Philippines will be continued, increasing the potential national effect of these staple food products to reduce levels of iron deficiency anemia.

Vitamin A:

- Studies to evaluate the impact of low-dose Vitamin A during pregnancy on postpartum and newborn sepsis in Indonesia and Nepal will be completed.

IR 2.2: Improved policies and increased public and private sector resources and capacity to deliver key reproductive health services.

Reproductive health commodities:

- Building upon a model developed this year of essential reproductive health pharmaceuticals, disposable commodities, and equipment, a global estimation of the costs of these essentials will be made in order to inform policy and budgetary allocations.

Cost-effectiveness of essential obstetric care:

- In Egypt, a cost-analysis of post-abortion complications in public sector hospitals--anticipated to be the most thorough such study ever completed in a developing country--is expected to demonstrate the cost of the current local standard of care in comparison with a proposed new standard which will strengthen emphasis on family planning as a preventive measure and provide a lower-tech approach to saving lives now lost to the sequelae of unsafe abortion.
- The cost-effectiveness of a streamlined model of antenatal care versus a traditional model of antenatal care will be assessed in Thailand; the results of this research, part of a WHO multi-centered trial, are expected to be used to

- inform global policies and programming.
- Cost-effectiveness studies of community behavior change and service delivery improvement programs to increase demand for and quality of essential obstetric care will be completed in Bolivia, Guatemala and Indonesia.

Capacity-building of professional associations:

- Through organizational development activities coupled with technical emphasis on such areas as standard setting and peer performance review, the Indonesia Midwives Association will demonstrate improved capacity for promoting improved professional practice and serving as an essential liaison between public and private sectors for improvement of maternal care.

Safe Motherhood computer model:

- A computer-based model will be developed to assess resource allocation and alternative service delivery options for family planning and care during pregnancy, birth and the postpartum period.

PVO Networks:

- Under a new G/PHN results package, the capacity of large U.S. PVOs to work collaboratively with indigenous NGOs will be strengthened to provide a range of quality, sustainable reproductive health services at the community level.

IR 2.3: Access to essential obstetric services increased in selected countries.

NGO provision of services:

- Using an approach which empowers women and meets the needs of mothers and infants, NGOs in partnership with G/PHN programs will continue to expand geographical access and promote technical excellence in antenatal care; safe birth; treatment of obstetrical complications; and postpartum, post-abortion, and newborn care.

Competency-based training:

- A National Clinical Training Network for Reproductive Health, with national, provincial and district training centers, has been established in Indonesia. These centers will expand their full functioning family planning training to integrate maternal and neonatal health care, thereby promoting standardization and excellence in the skills of frontline providers in provision of reproductive health care.

Pre-service curricula:

- Maternal health and family planning will be incorporated into the pre-service curricula of medical, midwifery, nursing and paramedical schools in Morocco and Indonesia.

Quality improvement:

- In three countries in the Latin America region, pilot field studies will establish the impact on hospital obstetrical care of a series of interventions to establish effective standards, communicate them to providers and supervisors, provide monitoring and feedback, and offer incentives for compliance. Results of this initiative will be shared with other countries in the region.

Postpartum/newborn care model:

- Since the postpartum period is a time when studies confirm that the majority of

maternal deaths and a substantial portion of neonatal deaths occur, an outreach program to new mothers by village midwives will be field tested in Indonesia.

Maternal-perinatal audit:

- "Verbal autopsies," which delineate the immediate and underlying causes of death, will be utilized to design situation-specific approaches to maternal and perinatal mortality reduction. This approach will be modified to study also "near misses" -- life-threatening situations which have not resulted in death, to focus on a positive approach to reinforce behaviors and practices that save lives.

3. Performance Data Tables

STRATEGIC OBJECTIVE 2: INCREASED USE OF SAFE PREGNANCY, WOMEN'S NUTRITION, FAMILY PLANNING, AND OTHER KEY REPRODUCTIVE HEALTH INTERVENTIONS.

#	Selected Performance Indicators	1994 Baseline	1995 Data	1996 Data	Target 2000	Target 2005
1	% of women attended during pregnancy by medically trained personnel	74%	76%	75%	80%	86%
2	% of births attended by medically trained personnel	37.7%	38.7%	40%	44%	51%
3	% of women with obstetric complications presented at a health facility	4%	no	15%	8%	15%
4	% of pregnant women receiving iron supplements in selected priority countries	4%	--	35%	8%	20%
5	% of births for which Tetanus Toxoid was received during pregnancy	45.1%	51%	51%	--	--
6	% of women using a modern contraceptive method in post-partum period	18.%	19%	19%	21%	23%

INTERMEDIATE RESULT 2.1: APPROACHES AND TECHNOLOGIES TO ENHANCE KEY REPRODUCTIVE HEALTH INTERVENTIONS IDENTIFIED, DEVELOPED , EVALUATED AND DISSEMINATED/AVAILABLE¹

	Selected Performance Indicators	1994 Baseline	1995 Data	Target 1996	1996 Data	Target 1998
1	Impact of low-dose vitamin A on post-partum & neonatal sepsis	1 @ E	2 @ E	1 @ E	2 @ E	1 @ A
2a	Models for obstetric care training	3 @ D	3 @ D	1 @ E	3 @ I	1 @ E
2b	Models to enhance access & use of essential RH services by young adults	3 @ I	3 @ D	2 @ D	1 @ I, 2 @ D, 1 @ E	1 @ E
2c	Cost of the provision of essential obstetric care	2 @ D	2 @ D	1 @ E	4 @ D	1 @ E
2d	Interventions to improve dietary intake of iron	2 @ D	2 @ D	1 @ E	1 @ D	1 @ E

INTERMEDIATE RESULT 2.2: IMPROVED POLICIES AND INCREASED PUBLIC AND PRIVATE SECTOR RESOURCES AND CAPACITY TO DELIVER KEY REPRODUCTIVE HEALTH SERVICES

1a	# of countries w/ policy & implementation plans in place for safe pregnancy	1	2 - P&IP 2 - P	2	5	3
1b	# of countries w/ policy & implementation plans in place for breastfeeding promotion	6	22	10	28	14
2a	# of countries w/ health training institutions incorporating a curriculum for Life Saving Skills	3	3	3	4	3
2b	# of countries w/ health training institutions incorporating a curriculum for breastfeeding promotion	5	15	8	26	14

INTERMEDIATE RESULT 2.3: ACCESS TO ESSENTIAL OBSTETRIC SERVICES INCREASED IN SELECTED COUNTRIES

1	% of adults with knowledge of complications related to pregnancy and childbirth	--	--	5%	25%*	10%
2	% of adults with knowledge of location of essential obstetric services	--	--	5%	70%**	10%
3	# of selected countries with systems to monitor access to essential obstetric services	--	--	2	3	5%

INTERMEDIATE RESULT 2.4: QUALITY OF ESSENTIAL OBSTETRIC SERVICES INCREASED IN SELECTED COUNTRIES

1 a, b, c	# of facilities adopting systems for (a) recording complications, (b) monitoring admission-intervention interval(c) monitoring case fatality rates	--	--	(a)4 (b)4 (c)4	(a)10 (b)10 (c)10	(a)8 (b)8 (c)4
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¹ The scheme for technologies and approaches is defined as: I = Identification Stage, D = Development stage, E = Evaluative Stage, A = Availability of technology or approach.

* Based on data from Indonesia and Egypt only.

** Based on data from Indonesia only.

NOTE: See Performance Data Tables in Appendix for definitions and target countries.

SO3: Increased use of key child and nutrition interventions.

1. Performance Analysis

Activities under SO3 represent G/PHN's contribution to achievement of the goals for the year 2000 agreed to by the U.S. and 158 other governments at the World Summit for Children in 1990. SO3 also responds to the global burden of disease, since in lesser developed countries almost half of preventable morbidity and mortality is accounted for by the infant and child diseases and conditions addressed by this strategic objective.

G/PHN's special roles within the Agency's child survival program include developing and applying cost-effective and sustainable interventions against these diseases and conditions; engaging in global policy development and in partnerships with other organizations; providing state-of-the-art technical support and assistance to field missions, regional bureaus, and countries' child survival programs; and deriving and disseminating best practices and innovative approaches from the Agency's experience to improve globally child survival programming.

At the SO level, for reasons of data quality, indicators related to the global use of key child survival interventions are now tracked only in countries having DHS surveys. Global "cumulative population-weighted averages" of these indicators (calculated as new data are reported, since individual countries have DHS surveys at multiple year intervals) represent conservative estimates of progress, since last survey data are maintained in the average for each country until a new survey is conducted. In 1996, new DHS surveys indicate an overall increase in use of ORT for children with diarrhea, from a baseline value of 51 per cent to 53 per cent. For this indicator, the only country with a DHS reported in 1996 and an earlier survey in the baseline period (1992-1994) was Egypt; in that country, ORT use increased from 43 per cent in 1992 to 89 per cent in 1995. Other countries having new data reported in 1996, but whose earlier surveys fell before the baseline period, all reported ORT use rates above the baseline average (Morocco, 52 per cent; Uganda, 68 per cent; Colombia, 68 per cent).

Under SO 3, the four Intermediate Results reflect G/PHN's strategic approach to reaching this objective. For 1996, the following are key examples that highlight the results of G/PHN's program under this Strategic Objective and indicate planned accomplishments for 1997-1998.

IR 3.1: New and improved cost-effective interventions developed and disseminated.

This IR addresses critical constraints to effective intervention for reducing infant and child mortality and improving children's health and nutrition. Choice of target areas for innovation, research, and development is also guided by USAID's opportunities, knowledge of work being carried out in the larger global community, and application of G/PHN's comparative advantages. Results under this IR are supported largely, though not entirely, by G/PHN's own resources. However, development of these innovations is guided by USAID's experience in programming in the field, and includes production of the new or improved intervention as well as strategic planning for its successful introduction into child health and nutrition programs. While many programs contributed to achievements in this intermediate result, examples from FY96 include:

New technologies:

- Vaccine Vial Monitors (VVM) -- developed by USAID through its support of PATH and other private sector partners -- in 1996 became required on all vials of oral polio

vaccine procured through UNICEF. WHO estimates that VVMs will reduce vaccine wastage by almost 50% and save \$10 to 12 million annually.

- Successful field trials of Uniject -- single use, pre-filled syringes -- were completed in three countries. The patent for global production of this device has been licensed to Becton Dickinson, which has built a manufacturing plant in Singapore to produce up to 10 million units in 1997.
- G/PHN led a collaboration among WHO/GPV, WHO/AFRO, UNICEF, Canadian Public Health Association (CPHA), and CDC in developing a set of "Sustainability Indicators" for immunization programs; these indicators were agreed upon for field trials in several African countries.

Integrated Management of Child Illness (IMCI):

- During 1996, IMCI was introduced in seven countries (Zambia, Ethiopia, Uganda, Tanzania, Peru, Bolivia, and Ecuador); G/PHN and the LAC Bureau developed a collaboration with PAHO to introduce IMCI in ten countries by 1999. In collaboration with WHO, integrated approaches to assess health facility and home care of sick children, and to improve management of drugs at the primary facility level, were developed and are being evaluated. Operations research on interventions to support performance of health workers trained in IMCI was initiated in Zambia.

Diarrheal diseases:

- Recent field trials with live oral vaccines against rotavirus -- the most common cause of severe diarrhea in children worldwide -- demonstrated an efficacy of 70-100% against severe rotavirus diarrhea in industrialized countries and one developing country (Venezuela), a level consistent with natural protection.

ARI:

- Studies of treatment of childhood pneumonia in Northern Pakistan with cotrimoxazole showed that 91% of the cases could be successfully treated. Since cotrimoxazole is cheaper than alternative drugs and has a less complicated dosing schedule, by using this drug the Pakistan National ARI Control Programme can save millions of dollars and maintain higher levels of patient compliance.
- In collaboration with WHO, G/PHN led development of a working group to monitor resistance of major ARI pathogens to antimicrobial drugs on a country-specific and global level, correlate serotypes of pathogens with antimicrobial resistance, and develop clinical and laboratory methods for the detection of resistant pathogens.

Malaria:

- During 1996, the first Phase I trial (safety and immunogenicity) of a malaria vaccine specifically targeted toward children was conducted in the United States.
- In collaboration with the Africa Bureau, the Africa Integrated Malaria Initiative (AIMI) -- aimed at demonstrating the impact on infant and child mortality of improved case management, prenatal prevention of malaria, and domestic protection using insecticide impregnated nets -- was initiated in Kenya, Zambia, and Malawi.

Micronutrients:

- Vitamin A supplementation of infants at birth in Indonesia was found to be safe and to reduce mortality by 64% in the first year of life, demonstrating the potential to be a highly cost-effective, sustainable approach to reducing infant mortality in vitamin A deficient areas.
- Studies in India, Africa, southeast Asia and South America showed that zinc supplementation of malnourished children has a marked effect on growth, physical activity, and possibly cognitive ability. These and other studies helped inform

guidelines on the uses of zinc in management of diarrheal disease and ARI. G/PHN also supported an international conference to analyze zinc research results, set research priorities, and consider options for program implementation.

Breastfeeding/feeding:

- In Chile, a study demonstrated that, with counselling and training, breastfeeding support, and facilitation of breastmilk expression, working mothers could continue to breastfeed their infants and that their infants grew at the same rate as mothers who remained at home. This finding provides a potential intervention against the early termination of exclusive breastfeeding that often accompanies women's return to work, causing increased infant morbidity and health care costs.

Environmental Health:

- Cost-effectiveness analyses demonstrated that adding a behavioral intervention to water and sanitation systems installation significantly increases the impact of the "hardware" in reducing child diarrhea, and is therefore a relatively inexpensive and cost-effective intervention for preventing child disease.

IR 3.2: Improved policies and increased global, national, and local resources for appropriate child health interventions.

This IR addresses both the broad policy environment in which resources are allocated to child health and nutrition, as well as the technical quality of those policies so that these resources will have greatest impact. At the international level, these results are achieved substantially through G/PHN's own analyses and influence, in collaboration with other bureaus and multilateral, bilateral, and private institutions. At the national and local level, results are generally achieved through participation in USAID country programming, again in partnership with other bureaus and field missions and with national and local -- including community -- representatives and partner organizations. Accomplishments from FY96 include:

ARI vaccines:

- Following on successful field trials of the Hemophilus b (Hib) vaccine, G/PHN supported the development by WHO and the Children's Vaccine Initiative (CVI) of a strategy for introducing this vaccine into global immunization programs. As part of this strategy, disease burden studies have been initiated in 12 countries to demonstrate the potential impact of this vaccine in key countries.

Polio eradication:

- Working with WHO, PAHO, UNICEF, CDC, Rotary International, and other donors, G/PHN led the Agency in developing a results framework and strategy that link investments in Polio Eradication to increasing effectiveness, demand, and sustainability for child immunization programs.

Malaria:

- Technical assistance to identify the importance of chloroquine resistance, coupled with policy dialogue, led to policy modifications regarding first-line drugs for malaria in Zambia and Kenya.

Micronutrients:

- National micronutrient surveys were completed in Honduras, Peru, and Morocco; in Morocco, the national prevalence of subclinical vitamin A deficiency among preschool

children was >40%, indicating a severe and unanticipated public health problem.

- Joint USAID/UNICEF/WHO technical consultations established the need for iron supplementation for infants 6-12 months of age and established that iron deficiency anemia in young children results in permanent impairment of psychomotor and cognitive development, as well as increased risk of mortality.

Private sector:

- In partnership with missions and regional bureaus, G/PHN has assisted with the development or assessment of national programs for fortification of sugar with vitamin A (Guatemala, El Salvador, Nicaragua, Bolivia, Ecuador, Zambia, Uganda, and the Philippines) and of wheat flour with iron (Ecuador, Bolivia, Peru, El Salvador, and Sri Lanka). With the LAC Bureau and missions, G/PHN initiated an innovative effort in Central America to work with major private sector soap producers to promote handwashing.

PVOs and NGOs:

- G/PHN assisted three PVOs in analyses of innovative approaches that appear to have resulted in substantial increases in coverage and impact of child survival interventions among high risk populations. One of these models was documented and disseminated in a national PVO conference, leading to its adoption by two additional PVO groups.

Environmental health:

- G/PHN worked with UNICEF to revise their sanitation program guidelines, focussing on participatory methods to ensure behavior change and sustainability in addition to the traditional guidance on hardware. A field test of the draft guidelines resulted in the establishment of the first National Sanitation Commission in El Salvador, which used the guidelines to outline sanitation investments over the next five years.

Health financing:

- In collaboration with the LAC Bureau, G/PHN successfully launched the National Health Accounts approach in Bolivia, Ecuador, Nicaragua, and Guatemala. This approach permits Ministries of Health for the first time to track resources and expenditures for health in both public and private sector.

IR 3.3: Improved preventive and care-giving practices and behaviors related to child health and nutrition.

This IR recognizes that effective mobilization of demand is essential to increasing utilization of key child health and nutrition interventions and to achieving sustainability of child health and nutrition improvements. Most important, this intermediate result recognizes that choices and actions by families, in the context of their communities, are key to improving child health and nutrition. The planned results identified under this IR are achieved by applying the existing information/education/communication (IEC), social marketing, social mobilization, and behavior change approaches developed by USAID and other organizations; their achievement will be enhanced by the introduction of improved approaches developed under IR 3.1. In both instances, these approaches are often applied through partnership between G/PHN, other bureaus, and field missions in the context of child health and nutrition programming in USAID-assisted countries. Accomplishments from FY96 include:

Polio Eradication:

- In Russia, G/PHN supported that country's first National Immunization Day (NID) by

providing the technical assistance required to develop and implement an IEC/social mobilization strategy. With the support of President Yeltsin, this IEC campaign contributed substantially to Russia's accomplishment of over 90 per cent coverage in their NIDs.

Integrated Management of Child Illness (IMCI):

- To support the IMCI initiative, G/PHN developed a guide to be used by countries' public health authorities in developing and implementing communications and behavior change approaches. G/PHN supported identification and analysis of a set of "key behaviors" regarding child health and nutrition related care and care-seeking under integrated programs; behavior change strategies are being developed around each of these key behaviors.

Micronutrients:

- Behavior change and social marketing models are being tested to promote vitamin A supplementation of mothers and preschool age children in conjunction with Polio Eradication Initiative NIDs, EPI, and IMCI in three priority countries linked to implementation of the Vitamin A Strategy.

Breastfeeding/feeding:

- A resource kit was developed (in English, French, and Spanish) to provide program managers with practical methods and appropriate indicators to facilitate monitoring and evaluation of breastfeeding practices in both hospital and community settings.

Country programming:

- Behavior change and communication components were incorporated into child health and nutrition programming in twelve countries. In several of these countries, the outcome of initial interventions led to expansion of these approaches. For example, in Guatemala, rural radio programming resulted in a significant increase in care-seeking for children with pneumonia; based on these results, this programming is being expanded beyond the initial target area.
- In Bolivia, G/PHN collaboration with the Voice of America (VOA) produced a series of programs on child health that reached across the country and into neighboring countries. Because of the audience response to this Spanish-language programming, one health region of the country requested permission to re-produce the series in Aymara and Quechua, the indigenous languages spoken by large numbers of the country's inhabitants. This programming won VOA's 1996 first place award for innovative broadcasting in the Americas.
- In Tanzania, an approach for assessing key infant and child feeding practices in refugee camps was developed by G/PHN and incorporated into NGO emergency relief programs.

Donor coordination:

- Recognizing that there is no organizational focal point for communication and behavior change related to health in the developing world, G/PHN has catalyzed the formation of an interagency "Behavior Change Task Force."

IR 3.4: Improved quality and availability of key child health and nutrition services.

In most USAID-assisted countries, substantial effort is still required to improve the accessibility, quality, effectiveness, and sustainability of targeted cost-effective child health and nutrition services, both preventive and therapeutic. Doing so will require increased effectiveness of investments in training, as well as improvement of the

health care delivery system, including management and planning, logistics systems for essential drugs, vaccines, and commodities, collection and use of information, and quality assurance techniques to identify and resolve problems. In addition, for some segments of the population, new strategies will have to be applied to reach infants and children at highest risk of mortality and malnutrition. Planned results under this IR are generally achieved in the context of G/PHN participation in USAID country programs, applying existing approaches and technologies as well as those developed under IR 3.1.

In 1996, G/PHN provided technical assistance and support to improve planning, management, logistics, and service delivery under USAID's child survival programs in over thirty-five countries. Examples of specific collaborations include:

Quality assurance:

- In more than 160 facilities in 5 countries, service providers and supervisory staff are engaged in analyzing and improving the quality of their own child survival-related services, using modern quality assurance techniques.

Immunization:

- In collaboration with WHO/GPV, a training course was developed and established at the Massachusetts Public Health Laboratories to provide training in Good Manufacturing Practices (GMP), Quality Assurance (QA) and Quality Control (QC) procedures for the manufacture of DPT vaccine; training of staff from the Pasteur Institute of India has begun.

Polio eradication:

- G/PHN provided key assistance in NIDs planning and evaluation in Kenya, Uganda, and Zambia, contributing to coverage rates above 80 per cent even in these low resource countries. To expand this assistance, G/PHN has developed a framework for monitoring NIDs to support continuous improvement of the process and to use this micro-planning experience to train immunization program managers.

Breastfeeding and child feeding:

- Using the "Food Box" of the IMCI algorithm as its entry point, G/PHN supported development of breastfeeding and complementary feeding recommendations and nutrition counselling approaches for public sector health workers in Bolivia and Zambia.

2. Expected Progress through FY 1999 and Management Actions

G/PHN anticipates progress toward SO3 for FY98 and FY 99 in its numerous areas of intervention. It should be noted, however, that further earmarking of child survival funds creates certain difficulties for the SO. Less discretionary control over resources reduces programming flexibility and could effect the achievement of planned results. Examples of key anticipated results are provided below.

IR 3.1: New and improved cost-effective interventions developed and disseminated.

New technologies:

- Vaccine Vial Monitors will be developed for additional key vaccines (e.g., measles) and to identify polio vaccines damaged by freezing.

- Tetanus toxoid and Hepatitis B vaccine and possibly injectable contraceptives will be available in Unijects for use in the developing world.
- Two new prototype malaria diagnostics will be compared to the existing "gold standard," microscopy, in field trials implemented through WHO. Initial development and validation of an ELISA-based method will be pursued to provide a cheaper, more practical way to determine vitamin A status of large populations.

Integrated Management of Child Illness:

- Operations research will be carried out on improving service delivery, supervision, problem-solving, and drug availability, evaluating effects of improved organization of services, and increasing demand for appropriate care. Cost-effectiveness of this integrated approach will also be evaluated.

ARI:

- G/PHN will initiate program-based research to determine effectiveness and cost-effectiveness of interventions to prevent ARI (such as the reduction of exposure to indoor smoke).

Malaria:

- The information obtained from Phase I trials of malaria vaccine for children will be built upon to produce improved candidate vaccines, and another Phase I trial will be conducted during 1997. In Kenya, Zambia, and Malawi, AIMI will begin implementation and evaluation of interventions to increase quality of care for presumptive cases of malaria in children.

Micronutrients:

- Applied research to increase impact and effectiveness of micronutrient interventions will be carried out, including: a large randomized trial in Zimbabwe on the effects of maternal and newborn vitamin A supplementation in reducing HIV transmission during breastfeeding and in reducing mortality among infants born to non-HIV-infected mothers; and, testing the effectiveness of infant-appropriate iron formulations in reducing childhood anemia.

Breastfeeding/feeding:

- Operations research to identify and evaluate cost-effective strategies for improving breastfeeding and complementary feeding practices in large scale community-based programs will be initiated in five countries.

Health policy and financing:

- G/PHN will work with researchers in Ghana, India, Indonesia, Peru, South Africa, and Tanzania on applied research including: how public programs can better use private providers to extend service provision, especially in vulnerable groups; increasing equity of health spending and allocation; the costs and benefits of improvements in quality of service; impact of different approaches to health sector reform on improving access, equity and sustainability of essential services, including child health services; and effects on service use and quality of different types of payment methods.

IR 3.2: Improved policies and increased global, national, and local resources for appropriate child health interventions.

Immunization:

- In collaboration with WHO/GPV, CVI, and other partners, G/PHN will provide leadership

in identifying strategies and options for financing the introduction into least developed countries of the major new child vaccines that are beginning to emerge from the research and development pipeline. Financing should occur in a broader framework that increases the overall sustainability of immunization programs.

Breastfeeding/feeding:

- G/PHN will provide technical assistance to develop or reform policies related to infant feeding, maternal nutrition, breastfeeding and lactational amenorrhea in five countries.

Micronutrients:

- G/PHN will take the lead in developing a five-year vitamin A strategy to target inputs in a limited number of priority countries where maximum impact is expected.

PVOs and NGOs:

- G/PHN will undertake special initiatives this year to promote the financial sustainability of NGOs that carry out child survival programs. Technical cooperation will result in adaptation of the IMCI approach to PVO programs, and also will provide analyses of key elements of PVO programs that are associated with impact and that can be applied in broader public sector child survival programming.

Health financing:

- G/PHN will expand application of the National Health Accounts (NHA) approach to permit Ministries of Health to track resources and expenditures for health in both public and private sector. The technology has generated enthusiastic interest of host country governments and other donors, notably World Bank, PAHO, and IDB; G/PHN plans to initiate NHA activities in three additional LA/C countries as well as in the Africa and ANE regions this year.

Private sector:

- New activities to increase commercial private sector productions and promotion of ORS, micronutrients, bednets, and other child health related products will be initiated in three countries (including India, Morocco, and Malawi) and through the West/Central Africa regional project.

Environmental health:

- G/PHN will broaden policy dialogue with UNICEF on environmental health issues from the current focus on water supply and sanitation; a key focus will be recent USAID experience in linking environmental health more closely with other health programs.

IR 3.3: Improved preventive and care-giving practices and behaviors related to child health and nutrition.

Country programming:

- Behavior change programming will be developed or extended in at least six countries. This will include a participatory evaluation of the six oblast IEC program in Russia that will be used to improve that program and to expand the approach to other oblasts. Evaluation of a communication intervention based on study of operational causes of infant and child mortality in Bolivia will inform expansion of this approach.
- Participatory community-based assessment of service delivery and care seeking will be applied to inform program development in three additional countries including India.

Polio:

- G/PHN will participate in major efforts in communication and social mobilization

support for Polio Eradication activities in Africa.

Malaria:

- Social marketing of impregnated bednets for the prevention of malaria will be underway in at least two countries.

Breastfeeding/feeding:

- Community-based social marketing of breastfeeding and appropriate child feeding will be initiated in five countries.

Donor coordination:

- The interagency "Behavior Change Task Force" will develop and implement at least one collaborative activity.

IR 3.4: Improved quality and availability of key child health and nutrition services.

Immunization:

- Planning and procurement of vaccine supply will be improved in five countries. Through IMCI and other approaches, missed opportunities for child immunization will be reduced in at least twelve countries, resulting in increased immunization coverage.

Polio eradication:

- Recognizing the critical investments that must be made in disease surveillance to achieve certifiable polio eradication, G/PHN will work with UNICEF, WHO/AFRO, and other partners to develop the community-based approaches to surveillance that will be necessary in Africa and southern Asia.

Integrated Management of Child Illness (IMCI):

- IMCI will be introduced in at least ten additional countries. Cost-effectiveness of computer-based training for improving the performance of providers in IMCI will be evaluated in a field setting.

Breastfeeding and child feeding:

- G/PHN cooperating agencies will collaborate in the implementation of a Minimum Package of Nutrition Interventions (MinPak) -- covering "best practices" in breastfeeding, complementary feeding, vitamin A treatment of measles and supplementation in areas of endemic vitamin A deficiency, antenatal iron/folate supplementation, and promotion of iodized salt -- in four African countries (Zambia, Madagascar, Eritrea, and Senegal).
- The MADLAC (Monitoring of Support to Breastfeeding in Hospitals) approach will be initiated in five countries to assure quality and sustainability of Baby Friendly Hospitals certified by UNICEF.

Quality assurance:

- Quality assurance programs will be introduced or expanded in a total of nine countries; four studies will be completed to further adapt QA approaches to the needs of LDC programs.

Monitoring and evaluation:

- G/PHN will work with WHO, UNICEF, and missions to develop and apply a comprehensive guide for assessment and monitoring of child health programs.

3. Performance Data Tables

STRATEGIC OBJECTIVE 3: INCREASED USE OF KEY CHILD HEALTH AND NUTRITION INTERVENTIONS

Indicator #	Selected Performance Indicators	1994 Baseline	1995 Data	1996 Data	Target 2000	Target 2005
1a	Prevention: % of children fully immunized by age 1	40%	--	43%	45%	51%
1b	Prevention: children age 6-60 months receiving vitamin A supplements	23%	--	--	45%	65%
1c	Prevention: infants < 4 mos. of age exclusively breastfed	45%	--	49%	51%	58%
2a	Treatment of illness: % of children < 5 rcvg ORS/RHF or IFs for diarrhea	51%*	--	53%	72%	89%
2b	% < 5 yrs. with ARI symptoms taken to health facility.	57%	--	57%	65%	75%

INTERMEDIATE RESULT 3.1: NEW AND IMPROVED COST-EFFECTIVE INTERVENTIONS DEVELOPED AND DISSEMINATED ¹

	Selected Performance Indicators	1994 Baseline	1995 Data	Target 1996	1996 Data	Target 1998
1a	Technologies: ARI conjugate vaccines (a) Hib (b) Pneumo.	(a) 1@D (b) 1@I	(a) 1@E (b) 1@I	(a) 1@E (b) 1@D	(a) 1@E (b) 1@D	(a) 1@A (b) 1@D/E**
1b	Technologies: Malaria vaccines	1@E	7@I 4@D 4@E	9@I 5@D 5@E	10@I 5@D 5@E	11@I 7@D 7@E
1c	Technologies: Vaccine vial monitors (a) Polio (b) Measles	(a) 1@E (b) 1@I/D	(a) 1@E (b) 1@I/D	(a) 1@A (b) 1@I/D	(a) 1@A (b) 1@I/D	(a) 1@A (b) 1@E
2a	Approaches: ICM of the sick child	1@D	1@D	1@E	1@E	1@A

INTERMEDIATE RESULT 3.2: IMPROVED POLICIES AND INCREASED GLOBAL, NATIONAL, AND LOCAL RESOURCES FOR APPROPRIATE CHILD HEALTH INTERVENTIONS

1	# of Countries meeting vaccine self-financing levels	38	39	40	***	45
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INTERMEDIATE RESULT 3.3: ENHANCED KNOWLEDGE OF KEY CHILD HEALTH AND NUTRITION BEHAVIORS/PRACTICES IN SELECTED COUNTRIES

1a	% of caretakers with correct knowledge of: the symptoms of ARI needing assessment	33%	--	--	36%	40%
1b	approp. trtmt of diarrhea Incl. knwlg of (a) care-seeking, (b) increased fluids, and (c) continued feeding	(a) 25% (b) 50% (c) 40%	--	(a) 30% (b) 55% (c) 50%	(a) 42% (b) 62% (c) 61%	(a) 40% (b) 60% (c) 60%

INTERMEDIATE RESULT 3.4: IMPROVED QUALITY AND AVAILABILITY OF KEY CHILD HEALTH/NUTRITION SERVICES

3	# of sel. Cs w/ prgrm guidelines in place for: (a) micronutrient deficiencies, (b) ICM of sick child	(a) 8 (b) 0	(a) 8 (b) 0	(a) 11 (b) 4	(a) 12 (b) 4	(a) 17 (b) 8
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¹ IDEA scheme is used for reporting progress in S.O. 3.1 (technology and approaches): I for Identified, D for Developed, E for Evaluated, A for Available.

* Baseline recalculated using data from the Demographic and Health Surveys.

** The evaluation stage for the Pneumo. vaccine is expected to take 4 years.

*** Indicator and targets will be reviewed following completion of UNICEF survey of all program countries in 1997.

NOTE: See Performance Data Tables in Appendix for definitions and target countries.

SO4: Increased use of improved, effective, and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic. (Formerly: Increased use of proven interventions to reduce HIV/AIDS transmission.)

1. Performance Analysis

Analysis of past performance will recognize the baseline and targets from the previous strategic objective. However, with the refinement of the strategic objective in 1997, future expected progress will now include selected results from the previous performance data tables that correspond to the agenda of the new strategic objective and add new performance data baselines and targets that measure results for the expanded USAID response to the HIV/AIDS pandemic.

Previous Strategic Objective 4: Increased Use of Proven Interventions to Reduce HIV/STD Transmission

Twenty-eight million people were infected with HIV by the mid-1990s, with almost eight million developing AIDS. More than six million people have died from this disease worldwide, and over 8,500 new HIV infections occur daily. Prevention is the major defense against HIV/AIDS and USAID continues to be the world's leader in HIV/AIDS prevention. In 1996, G/PHN's continued support to AIDSCAP -- the largest worldwide HIV/AIDS prevention and control program -- produced significant results:

- The capacity of more than 60 local NGOs was strengthened to provide improved HIV/STI services; more than 300 NGOs have been assisted since 1991.
- Social marketing programs were expanded in 12 emphasis countries, resulting in an increase in condom distribution of 42% between 1995 and 1996.
- National guidelines for improved management of sexually transmitted infections (STI) were introduced, and training of service providers was undertaken in all AIDSCAP priority countries.
- AIDSCAP, in conjunction with the World Health Organization, is completing a four-country operations research study to assess the role and effectiveness of HIV/AIDS counseling and testing, which will guide national and international policies on this behavior change intervention.

G/PHN support has led to the publication of "Control of Sexually Transmitted Diseases: A Handbook for the Design and Management of Programs," the first major technical handbook designed to help managers of sexually transmitted disease programs in developing countries prevent, diagnose and treat these infections.

In the last year, more than 50,000 health care providers, program managers, community-based volunteers and key opinion leaders worldwide received training to upgrade their skills and to improve the effectiveness of their efforts to address HIV/AIDS prevention and control.

In addition, G/PHN program leadership and financial support have promoted the creation and continued growth of the UNAIDS Program -- a major new structure and approach co-sponsored by six United Nations' organizations to coordinate UN efforts on HIV/AIDS prevention and care.

In the last year, G/PHN staff have participated actively in the development of UNAIDS Performance Monitoring and Evaluation System, participating in design workshops, providing materials and documentation developed and tested under the USAID program, and arranging for the systematic exchange of information.

IR 4.1: Effective interventions to reduce sexual transmission of HIV/STD identified, strengthened, implemented, and evaluated in emphasis countries.

This intermediate result focuses on the research, development and field-testing of technologies and approaches for use within HIV/AIDS prevention interventions.

New technologies:

Examples of progress in the past year include:

- Female Condom -- In 1996, AIDSCAP completed female condom user satisfaction studies in Brazil and Kenya. Women in both studies reported high rates of product satisfaction and interest in continuing use. As a result, in 1997, the G/PHN will provide field missions supplies and technical assistance to begin social marketing programs of this female controlled barrier method.
- STD Diagnostics -- To date, USAID, through its support of PATH, has developed a field culture test for gonorrhea and a simplified method for syphilis determination which is currently available commercially through a private firm in the United Kingdom. PATH continues to work on a rapid "dip stick" test for gonorrhea and chlamydia using non-intrusive specimens such as urine.

IR 4.2: Improved methods and tools for reducing perinatal and parenteral HIV transmission available for program use in emphasis countries.

G/PHN has focused primarily on reducing the sexual transmission of HIV. There are, however, some country settings where reducing perinatal and parenteral transmission are becoming crucial for avoiding epidemic spread.

Reducing HIV transmission to women:

Reducing HIV transmission to women is the best way to prevent mother-infant transmission. The following are examples of G/PHN's progress toward reducing this form of transmission:

- G/PHN sponsored activities, such as the AIDSCAP Women's Initiative, have provided global leadership in research and advocacy for women's empowerment for HIV/AIDS prevention.
- G/PHN research funds have been directed to identify methods for reducing transmission during delivery (vaginal irrigation) and post delivery (vitamin A supplementation).

IR 4.3: Enhanced capacity for public, private, NGO, and community-based organizations to design, implement, and evaluate effective HIV/STD prevention and control programs.

USAID is a founding member and major contributor to the International HIV/AIDS Alliance which has established NGO support programs in seven countries; five more country programs are currently under development. This program has proven effective in transferring donor resources to local level organizations; the Alliance estimates that

86% of its 1996 budget was allocated to technical assistance and funding for local programs. The program has also been effective in expanding HIV/AIDS prevention programs through established NGO/community-based organization (CBO) networks. Two hundred of the 220 organizations who have received Alliance support to date were already providing other (non-HIV/AIDS related) services to their communities.

AIDSCAP has supported the development of NGOs and CBOs through Rapid Response grants and a PVO Competitive Grant Program. The Rapid Response grants were used to pilot test the feasibility of expanding community-level projects and to encourage implementation of innovative ideas for AIDS prevention. To date, the PVO Competitive Grant Program has funded nine programs which incorporated HIV/AIDS prevention components into already-established organizations.

The Peace Corps PASA has supported the design and implementation of community level programs targeting hard-to-reach groups such as out-of-school youth, commercial sex workers, and residents of small rural communities. In Cameroon, education volunteers and their local counterparts incorporated an HIV/AIDS prevention module into the standard English curriculum. Over 180 teachers have been trained to use this curriculum, reaching over 10,800 students per year. This curriculum has been adopted in a number of countries including Central African Republic, Gabon, Togo, and Chad.

IR 4.4: Knowledge, availability, and quality of HIV/STD interventions increased in emphasis countries.

In 1996, G/PHN continued to collaborate closely with UNAIDS to develop and disseminate guidelines for syndromic management of STIs, which improves diagnosis and treatment in resource-poor settings. As of 1995, ten countries had adopted these guidelines. In 1996 this number increased to 19 countries.

In 1996, the application of the Target Intervention Research (TIR) Methodology, a rapid ethnographic assessment package which uses qualitative research of current STI health seeking behavior to improve the quality of STI services, was expanded. G/PHN has supported TIR studies in nine countries and published a manual to promote the widespread application of this approach. TIR studies funded by WHO/GPA and the European Community have also been carried out.

2. Expected Progress through FY 1999 and Management Actions

The following is a list of major accomplishments that G/PHN expects to achieve toward the reduction of STI/HIV transmission between now and FY 1999:

- G/PHN will support the continuation of the Agency's global leadership and field support in HIV/STI prevention through technical collaboration and financial support to the United Nations Programme on HIV/AIDS (UNAIDS).
- CSM projects to increase demand for and use of condoms will achieve a ratio of 2.7/sexually active male (SAM) by 1999. Increases in generated demand are expected to continue to grow, reaching 400 million by 1999.
- Over the next two years, it is expected that in 19 USAID-assisted countries, 90%

of all NGOs funded through the G/PHN HIV/STI portfolio will have essential management systems and skilled staff persons and 85% of the Alliance-assisted NGOs will have strategic plans articulated for HIV/AIDS prevention and services.

- Through the application of local behavioral research, and through innovative use of established BCC approaches, such as targeting social norms and stigma associated with HIV/STI, G/PHN expects to bring correct knowledge of HIV prevention methods up to 40% in 1998, and to 50% in the year 2000 in HIV emphasis countries.
- By the year 2000, G/PHN will increase the proportion of people presenting with STI complaints at health facilities who are treated according to national standards to 40% in those clinical settings supported by USAID.

In addition to the anticipated achievements noted above, G/PHN will intensify efforts to encourage greater participation of people living with HIV/AIDS in the design, implementation, and evaluation of prevention activities as well as build a global consensus on the other intervention priorities which have been identified during the "reengineered" participatory process which resulted in the Agency's expanded response to the global HIV/AIDS epidemic.

3. Performance Data Tables

STRATEGIC OBJECTIVE 4 (1998-2002): INCREASED USE OF IMPROVED, EFFECTIVE, AND SUSTAINABLE RESPONSES TO REDUCE HIV/STD TRANSMISSION AND MITIGATE THE IMPACT OF THE HIV/AIDS PANDEMIC

The following table lists the performance indicators which will be used to monitor performance under the new SO4 and its six intermediate results. As many of the indicators from the outgoing SO4 are being maintained, original baselines and current data are provided where appropriate. Under the new SO4, new baselines for 1997 and targets for 2002 will be determined by the HIV/AIDS Division this year.

Performance Indicators (SO level)		1994 Baseline	1995 Data	1996 Data	Baseline 1997	Target 2002
1 a	In HIV E-Cs, sex-specific gen. pop. rate of reported condom use in: in-union partner relations	15 - 31% M 3-5% F	9-12% M 4-7% F	6-47% M 3-41% F	tbd	tbd
1 b	In HIV E-Cs, sex-specific gen. pop. rate of reported condom use in: casual relations	<10% M - F	31-60% M 17-38% F	12-100% M 20-98% F	tbd	tbd
2 a	% decrease in reported STI prevalence, men	(new SO4 indicator)			tbd	tbd
2 b	% decrease in reported STI prevalence, women	(new SO4 indicator)			tbd	tbd
3	% increase in the number of indigenous organizations that are capable of designing, implementing, and evaluating STI/HIV/AIDS activities	(new SO4 Indicator)			tbd	tbd

INTERMEDIATE RESULT 4.1: INCREASED QUALITY, AVAILABILITY, AND DEMAND FOR INFORMATION AND SERVICES TO CHANGE SEXUAL RISK BEHAVIORS AND CULTURAL NORMS IN ORDER TO REDUCE TRANSMISSION OF HIV.

Performance Indicators		1994 Baseline	1995 Data	1996 Data	Baseline 1997	Target 2002
1	% of target population that know how to prevent STI/HIV	range 26%-66%	27% M 29% F	19-98%	tbd	tbd
2	Total volume of USAID shipped condoms to HIV emphasis countries (by definition USAID purchased)	183.87 million	314.118 million	346.518 million	tbd	tbd
3	Technologies evaluated and available: Female barrier methods	1@I 1@D 1@E	1@I 2@E	1@I 2@E	tbd	tbd

INTERMEDIATE RESULT 4.2: ENHANCED QUALITY, AVAILABILITY, AND DEMAND FOR STI PREVENTION AND MANAGEMENT SERVICES.

Performance Indicators		1994 Baseline	1995 Data	1996 Data	Baseline 1997	Target 2002
1	Technologies evaluated and available: STD Diagnostics	1@I 2@D	2@D 1@E	2@D 1@E	tbd	tbd
2	% of providers who are technically competent in performing STI/HIV screening, diagnosis, and treatment	(new SO4 Indicator)			tbd	tbd
3	% of adults with knowledge about STIs and treatment options	(new SO4 Indicator)			tbd	tbd

INTERMEDIATE RESULT 4.3: IMPROVED KNOWLEDGE ABOUT, AND CAPACITY TO ADDRESS, THE KEY CONTEXTUAL CONSTRAINTS TO PREVENTING AND MITIGATING THE IMPACTS OF HIV/AIDS.

	Performance Indicators	1994 Baseline	1995 Data	1996 Data	Baseline 1997	Target 2002
1	% of national and/or local budgets/resources allocated to HIV/AIDS programs	(new SO4 Indicator)			tbd	tbd
2	% of local area governments supporting prevention, care, and support activities around STI and HIV/AIDS (% improvement in AIDS policy environment score)	(new SO4 Indicator)			tbd	tbd

INTERMEDIATE RESULT 4.4: STRENGTHENED AND EXPANDED PRIVATE SECTOR ORGANIZATIONS' RESPONSES IN DELIVERING HIV/AIDS INFORMATION AND SERVICES.

	Selected Performance Indicators	1994 Baseline	1995 Data	1996 Data	Baseline 1997	Target 2002
1	Number of commercial firms providing HIV/AIDS information and services to their employees	(new SO4 Indicator)			tbd	tbd
2	Measure of HIV/AIDS community-based organization (CBO) institutional strength (number with minimum institutional strength composite indicator)	(new SO4 Indicator)			tbd	tbd

INTERMEDIATE RESULT 4.5: IMPROVED AVAILABILITY OF, AND CAPACITY TO GENERATE AND USE, DATA TO MONITOR AND EVALUATE HIV/AIDS/STI PREVALENCE, TRENDS, AND PROGRAM IMPACTS.

	Selected Performance Indicators	1994 Baseline	1995 Data	1996 Data	Baseline 1997	Target 2002
1	Number of selected countries with operational STI/HIV surveillance systems	(new SO4 Indicator)			tbd	tbd

INTERMEDIATE RESULT 4.6: PROVIDE QUALITY AND TIMELY ASSISTANCE TO PARTNERS (REGIONAL BUREAUS, MISSION, OTHER DONORS, ETC.) TO ENSURE EFFECTIVE IMPLEMENTATION OF HIV/AIDS PROGRAMS

	Selected Performance Indicators	1994 Baseline	1995 Data	1996 Data	Baseline 1997	Target 2002
1	% change in number of "highly satisfactory" responses in annual customer survey	(new SO4 Indicator)			tbd	tbd

tbd - to be determined

PREVIOUS STRATEGIC OBJECTIVE 4: INCREASED USE OF PROVEN INTERVENTIONS TO REDUCE HIV/STD TRANSMISSION

Selected Performance Indicators		1994 Baseline	1995 Data	1996 Data	Target 2000	Target 2005
1.	Condom Social Marketing (CSM) annual sales per male population, 15- 54, in select HIV emphasis countries	0.93	1.66	1.79	1.8	2.0
2.	Total volume of USAID shipped condoms to HIV emphasis countries. These are by definition USAID purchased .	183.87 million	314.118 million	346.518 million	150 million	200 million
4 a.	In HIV E-Cs, sex-specific gen. pop. rate of reported condom use in: in-union partner relations	15 - 31% M 3-5% F	9-12% M 4-7% F	6-47% M 3-41% F	2 point increase	5 point increase
4 b.	In HIV E-Cs, sex-specific gen. pop. rate of reported condom use in: casual relations	<10% M - F	31-60% M 17-38% F	12-100%M 20-98% F	5 point increase	15 point increase

INTERMEDIATE RESULT 4.1: EFFECTIVE INTERVENTIONS TO REDUCE SEXUAL TRANSMISSION OF HIV/STD IDENTIFIED, STRENGTHENED, IMPLEMENTED AND EVALUATED IN EMPHASIS COUNTRIES

	Selected Performance Indicators	1994 Baseline	1995 Data	Target 1996	1996 Data	Target 1998
1 a	Technologies evaluated and available: Female barrier methods	1@I 1@D 1@E	1@I 2@E	1@I 1@E 1@A	1@I 2@E	1@D 1@E 1@A
1 c	Technologies evaluated and available: STD Diagnostics	1@I 2@D	2@D 1@E	2@E 1@A 1@I	2@D 1@E	2@A 1@E 1@D

INTERMEDIATE RESULT 4.4: KNOWLEDGE, AVAILABILITY AND QUALITY OF HIV/STD INTERVENTIONS INCREASED IN EMPHASIS COUNTRIES.

2	% of population aware of treatable STDs	20%	57-73% M 18-45% F	25%	80-98%M 42-99% F	65% M 40% F
3	% of population with correct knowledge of HIV/AIDS prevention	range 26%- 66%	27% M 29% F	30% M 35% F	19-98%	40% M 45% F

PART III: STATUS OF THE MANAGEMENT CONTRACT

During 1997, the G/PHN plans a detailed and rigorous review of strategic objective 2, "Increased use of safe pregnancy, women's nutrition, family planning and key reproductive health interventions." Through a process which will include PHN partners, we anticipate a review which will include mandate, USAID comparative advantage, technical and geographic foci, contribution of cooperating agencies, number and character of intermediate results, adequacy of indicators, and human and financial resources required and available. As a result of that review, recommendations will be made for any modification of G/PHN's approach to addressing maternal mortality.

Revisions of SO4 for 1998-2002 are the result of a broad participatory process. The outgoing SO4 was put into place in December 1995 and was based on the program as it was then structured. The focus and content of the revised SO4 for 1998-2002 reflect state-of-the-art knowledge as well as the commitment of our stakeholders and the missions in obtaining results. The revised SO4, which went through a formal review and approval process, and which was approved by the Assistant Administrator/Global in late 1996, will become fully operational by FY 1998. Under this SO are six intermediate results (IRs) which continue some aspects of the outgoing SO while establishing some new directions for the future (also see performance monitoring indicators in SO4 summary tables on previous pages):

STRATEGIC OBJECTIVE 4 (1998-2002): Increased use of improved, effective, and sustainable responses to reduce HIV/STD transmission and mitigate the impact of the HIV/AIDS pandemic

- IR 4.1:** Increased quality, availability, and demand for information and services to change sexual risk behaviors and cultural norms in order to reduce transmission of HIV.
- IR 4.2:** Enhanced quality, availability, and demand for STI prevention and management services.
- IR 4.3:** Improved knowledge about, and capacity to address, the key contextual constraints to preventing and mitigating the impacts of HIV/AIDS.
- IR 4.4:** Strengthened and expanded private sector organizations' responses in delivering HIV/AIDS information and services.
- IR 4.5:** Improved availability of, and capacity to generate and use, data to monitor and evaluate HIV/AIDS/STI prevalence, trends, and program impacts.
- IR 4.6:** Provide quality and timely assistance to partners (regional bureaus, mission, other donors, etc.) to ensure effective implementation of HIV/AIDS programs.

PART IV: RESOURCE REQUEST

1. Financial Plan

G/PHN requests a total of \$227.4 million for FY 1999 to achieve the results described in Part II of this R4. Of this amount \$136.8 million is requested from the Development Assistance (DA) account and \$90.6 million from the Child Survival and Other Diseases (CSD) account. This is an increase of \$12.2 million over the FY 1998 level. The increase, all of which is for child survival, HIV/AIDS and other diseases, will bring the level of funding for these critical programs up to the estimated FY 1997 budget. This increase is needed to help offset the effects of the \$11.2 million reduction in funding for these programs funds in the FY 1998 request (from an estimated \$88.6 million in FY 1997 to \$78.4 million in FY 1998). Estimated and proposed funding for FY 1997, FY 1998 and FY 1999 are summarized in the Budget Request by Program/Country tables attached.

The **\$136.8 million for SO 1**, Increased use by women and men of voluntary practices that contribute to reduced fertility, is straightlined from the FY 1998 request level. This is considered adequate to fund core family planning and reproductive health activities provided an adequate level of funding is received from field support, including funding for contraceptives. However, a continuation of metering of funds for population assistance will erode our ability to achieve planned results.

A total of **\$25 million is proposed for SO 2**, "increased use of safe pregnancy, women's nutrition, family planning and key reproductive health interventions." It is shown as a non-add amount on the budget tables. Activities undertaken under SO 1 contribute to and are critical to the achievement of SO 2. Furthermore, activities under SO 2 make a substantial contribution to SO 3, and, to a lesser extent, SO 4. For FY 1999, an estimated 40 percent (\$10 million) of funding for SO 2 is from SO 1, with the remaining 60 percent (\$15 million) from SO 3. Therefore, any decreases in either SO 1 or SO 3 would impact on our ability to meet the objectives anticipated under this SO.

The **\$55.6 million for SO 3**, Increased use of key child and nutrition interventions, is \$9.1 million above that requested for FY 1998. However, it is only slightly higher, \$1.1 million over the current FY 1997 core level for this important program area. The proposed level will mitigate the impact on critical centrally-funded child survival research and implementation activities by providing funding for sub-earmarks for polio and micronutrient.

This level includes **\$10.0 million** for other health, the amount in the FY 1997 budget. Only \$2.5 million is included in the FY 1998 request. If held to the FY 1998 level, our ability to provide technical leadership and research in Maternal Health, Malaria, Emerging Diseases, Water Supply and Sanitation, and Health Financing and Policy

Reform would be seriously reduced. These are all critical to the achievement of not only the results under our SO 3 objectives but also to achievement of the Agency's Strategic Objectives.

The **\$35.0 million for SO 4**, Increased use of improved, and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic, is an increase of \$3.1 million over the FY 1998 request of \$31.9 million, and less than \$.3 million over FY 1997. Unless funding is restored to \$35.0 million level, we would have to eliminate a major portion of the behavior change research and policy work planned under this revised SO. The proposed level will enable us to continue adequate support to UNAIDS and provide funds for a contribution to the UN Global Appeal. It should also be noted that the proposed level was agreed upon after high level consideration of both the political and technical fallout of reductions of G/PHN.

2. Operating Expense and Staffing (To be provided later.)

3. Field Support

Sustained levels of field support will continue to be critical to our ability to respond to field requirements. Our review of mission R4s will include an analysis to determine if there are changes in field support funding trends that will impact on PHN activities. Diminished field support funding would reduce the results achieved, and negatively affect the impact of G/PHN activities.

4. Pipeline

Project in G/PHN typically maintain a pipeline of less than 12 months funding. Because of the restrictions on FY 1996 and FY 1997 population resources, pipelines for these programs are being depleted further. Continued metering of funds for population activities will erode our ability to achieve planned results.

1. FINANCIAL PLAN

(Insert WK4. budget tables here)

**USAID FY 1997 Budget Request by Program/Country
(\$000)**

19-Jul-99
07:25 AM

Country/Program: Global Bureau, Center for Population, Health & Nutrition

S.O. # , Title			Est. SO Pipeline at end of FY 96	FY 1997 Request								Est Expend. FY 97	Est Total cost life of SO	Mortgage at end of 1997
Approp Acct	Core/ Field Spt	FY 1997 Total Request		Basic Education for Chldrn	Other Economic Growth	Population	Child Survival	HIV/AIDS	Other Health	Environ	D/G			
SO 1: Increased use by women and men of voluntary practices that contribute to reduced fertility.														
	DA	Core	139,781	106,200	0	0	106,200	0	0	0	0	126,090	1,053,301	820,800
		Field Spt		0	0	0	0	0	0	0	0			
		Total	139,781	106,200	0	0	106,200	0	0	0	0	126,090	1,053,301	820,800
SO 2: Increased use of safe pregnancy women's nutrition, family planning and other key reproductive health interventions.														
	DA	Core		(5,000)	0	0	(5,000)	0	0	0	0			
		Field Spt		0	0	0	0	0	0	0	0			
		Total	0	(5,000)	0	0	(5,000)	0	0	0	0	0	0	0
SO 2 Increased use of safe pregnancy women's nutrition, family planning and other key reproductive health interventions.														
	CHS	Core		(15,000)	0	0	0	(15,000)	0	0	0			
		Field Spt		0	0	0	0	0	0	0	0			
		Total	0	(15,000)	0	0	0	(15,000)	0	0	0	0	0	0
SO 3: Increased use of key child health and nutrition interventions.														
	CHS	Core	53,928	54,431	0	0	0	44,175	0	10,256	0	51,550	444,815	324,500
		Field Spt		0	0	0	0	0	0	0	0			
		Total	53,928	54,431	0	0	0	44,175	0	10,256	0	51,550	444,815	324,500
SO 4: Increased use of improved effective and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic.														
	CHS	Core	36,271	35,269	0	0	0	0	35,269	0	0	34,296	277,067	206,900
		Field Spt		0	0	0	0	0	0	0	0			
		Total	36,271	35,269	0	0	0	0	35,269	0	0	34,296	277,067	206,900
SSO 1 (Type in approved full title of SO here)														
		Bilateral		0	0	0	0	0	0	0	0			
		Field Spt		0	0	0	0	0	0	0	0			
		Total	0	0	0	0	0	0	0	0	0	0	0	0
SPO 1:(Type in approved full title of SPO here)														
		Bilateral		0	0	0	0	0	0	0	0			
		Field Spt		0	0	0	0	0	0	0	0			
		Total	0	0	0	0	0	0	0	0	0	0	0	0
SPO 2:(Type in approved full title of SPO here)														
		Bilateral		0	0	0	0	0	0	0	0			
		Field Spt		0	0	0	0	0	0	0	0			
		Total	0	0	0	0	0	0	0	0	0	0	0	0
Total Core			229,980	195,900	0	0	106,200	44,175	35,269	10,256	0	211,936	1,775,183	1,352,200
Total Field Support			0	0	0	0	0	0	0	0	0	0	0	0
TOTAL PROGRAM			229,980	195,900	0	0	106,200	44,175	35,269	10,256	0*	211,936	1,775,183	1,352,200

FY 97 Budget Request by Appropriation - (\$000's)

Development Assistance	106,200
Child Survival & Other Diseases	89,700
Development Fund for Africa	0
Economic Support Funds	0
SEED	0
FSA	0
PL 480 Title II	0
PL 480 Title III	0
Micro & Small Ent. Dev. Credit Program	0
Housing Investment Guarantee Program	0
Enhanced Credit Program	0

Note: S.O. 2 is shown as a non-add.

In FY 1997 25% is allotted from S.O. 1; 75% from S.O. 3.

**USAID FY 1998 Budget Request by Program/Country
(\$000)**

19-Jul-99
07:25 AM

Country/Program: Global Bureau, Center for Population, Health & Nutrition

S.O. #, Title			Est. SO Pipeline at end of FY 97	FY 1998 Total Request	Basic Education for Childrn	Other Economic Growth	FY 1998 Request						Est Expend. FY 98	Est Total cost life of SO	Mortgage at end of 1998
Approp Acct	Core/ Field Spt						Population	Child Survival	HIV/AIDS	Other Health	Environ	D/G			
SO 1: Increased use by women and men of voluntary practices that contribute to reduced fertility.															
DA	Core		94,726	136,800	0	0	136,800	0	0	0	0	0	77,070	1,053,183	684,000
	Field Spt			0	0	0	0	0	0	0	0	0			
	Total		94,726	136,800	0	0	136,800	0	0	0	0	0	77,070	1,053,183	684,000
SO 2: Increased use of safe pregnancy women's nutrition, family planning and other key reproductive health interventions.															
DA	Core		(10,100)	0	0	0	(10,100)	0	0	0	0	0			
	Field Spt			0	0	0	0	0	0	0	0	0			
	Total		0	(10,100)	0	0	(10,100)	0	0	0	0	0	0	0	0
SO 2: Increased use of safe pregnancy women's nutrition, family planning and other key reproductive health interventions.															
CHS	Core		(12,900)	0	0	0	(12,900)	0	0	0	0	0			
	Field Spt			0	0	0	0	0	0	0	0	0			
	Total		0	(12,900)	0	0	(12,900)	0	0	0	0	0	0	0	0
SO 3: Increased use of key child health and nutrition interventions.															
CHS	Core		49,413	46,500	0	0	0	44,000	0	2,500	0	0	39,960	444,815	278,000
	Field Spt			0	0	0	0	0	0	0	0	0			
	Total		49,413	46,500	0	0	0	44,000	0	2,500	0	0	39,960	444,815	278,000
SO 4: Increased use of improved effective and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic.															
CHS	Core		26,174	31,900	0	0	0	0	31,900	0	0	0	22,776	277,067	175,000
	Field Spt			0	0	0	0	0	0	0	0	0			
	Total		26,174	31,900	0	0	0	0	31,900	0	0	0	22,776	277,067	175,000
SSO 1 (Type in approved full title of SO here)															
	Bilateral			0	0	0	0	0	0	0	0	0			
	Field Spt			0	0	0	0	0	0	0	0	0			
	Total		0	0	0	0	0	0	0	0	0	0	0	0	0
SPO 1:(Type in approved full title of SPO here)															
	Bilateral			0	0	0	0	0	0	0	0	0			
	Field Spt			0	0	0	0	0	0	0	0	0			
	Total		0	0	0	0	0	0	0	0	0	0	0	0	0
SPO 2:(Type in approved full title of SPO here)															
	Bilateral			0	0	0	0	0	0	0	0	0			
	Field Spt			0	0	0	0	0	0	0	0	0			
	Total		0	0	0	0	0	0	0	0	0	0	0	0	0
Total Core			170,313	215,200	0	0	136,800	44,000	31,900	2,500	0	0	139,806	1,775,065	1,137,000
Total Field Support			0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL PROGRAM			170,313	215,200	0	0	136,800	44,000	31,900	2,500	0	0	139,806	1,775,065	1,137,000

FY 98 Budget Request by Appropriation - (\$000's)

Development Assistance	137
Child Survival & Other Diseases	78,400
Development Fund for Africa	0
Economic Support Funds	0
SEED	0
FSA	0
PL 480 Title II	0
PL 480 Title III	0
Micro & Small Ent. Dev. Credit Program	0
Housing Investment Guarantee Program	0
Enhanced Credit Program	0

Note: S.O. 2 is shown as a non - add.

In FY 1998, 44% is allotted from S.O. 1; 56% from S.O. 3.

**USAID FY 1999 Budget Request by Program/Country
(\$000)**

19-Jul-99
07:25 AM

Country/Program: Global Bureau, Center for Population, Health & Nutrition

S.O. # , Title		Est. SO Pipeline at end of FY 98	FY 1999 Request										Est Expend. FY 99	Est Total cost life of SO	Mortgage at end of 1999
Approp Acct	Core/ Field Spt		FY 1999 Total Request	Basic Education for Childrn	Other Economic Growth	Population	Child Survival	HIV/AIDS	Other Health	Environ	D/G				
SO 1: Increased use by women and men of voluntary practices that contribute to reduced fertility.															
DA	Core	123,866	136,800	0	0	136,800	0	0	0	0	0	120,885	1,053,301	547,200	
	Field Spt		0	0	0	0	0	0	0	0	0	0	0	0	
Total		123,866	136,800	0	0	136,800	0	0	0	0	0	120,885	1,053,301	547,200	
SO 2: Increased use of safe pregnancy women's nutrition, family planning and other key reproductive health interventions.															
DA	Core	(10,000)		0	0	(10,000)	0	0	0	0	0				
	Field Spt		0	0	0	0	0	0	0	0	0				
Total		0	(10,000)	0	0	(10,000)	0	0	0	0	0	0	0	0	0
SO 2: Increased use of safe pregnancy women's nutrition, family planning and other key reproductive health interventions.															
CHS	Core		(15,000)	0	0	0	(15,000)	0	0	0	0				
	Field Spt		0	0	0	0	0	0	0	0	0				
Total		0	(15,000)	0	0	0	(15,000)	0	0	0	0	0	0	0	0
SO 3: Increased use of key child health and nutrition interventions.															
CHS	Core	63,884	55,600	0	0	0	45,600	0	10,000	0	0	56,456	444,815	222,400	
	Field Spt		0	0	0	0	0	0	0	0	0	0	0	0	
Total		63,884	55,600	0	0	0	45,600	0	10,000	0	0	56,456	444,815	222,400	
SO 4: Increased use of improved effective and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic.															
CHS	Core	38,667	35,000	0	0	0	0	35,000	0	0	0	34,296	277,067	140,000	
	Field Spt		0	0	0	0	0	0	0	0	0	0	0	0	
Total		38,667	35,000	0	0	0	0	35,000	0	0	0	34,296	277,067	140,000	
SSO 1 (Type in approved full title of SO here)															
	Bilateral		0	0	0	0	0	0	0	0	0				
	Field Spt		0	0	0	0	0	0	0	0	0				
Total		0	0	0	0	0	0	0	0	0	0	0	0	0	0
SPO 1:(Type in approved full title of SPO here)															
	Bilateral		0	0	0	0	0	0	0	0	0				
	Field Spt		0	0	0	0	0	0	0	0	0				
Total		0	0	0	0	0	0	0	0	0	0	0	0	0	0
SPO 2:(Type in approved full title of SPO here)															
	Bilateral		0	0	0	0	0	0	0	0	0				
	Field Spt		0	0	0	0	0	0	0	0	0				
Total		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Core		226,417	227,400	0	0	136,800	45,600	35,000	10,000	0	0	211,637	1,775,183	909,600	
Total Field Support		0	0	0	0	0	0	0	0	0	0	0	0	0	
TOTAL PROGRAM		226,417	227,400	0	0	136,800	45,600	35,000	10,000	0	0	211,637	1,775,183	909,600	

FY 99 Budget Request by Appropriation - (\$000's)

Development Assistance	136,800
Child Survival & Other Disease	90,600
Development Fund for Africa	0
Economic Support Funds	0
SEED	0
FSA	0
PL 480 Title II	0
PL 480 Title III	0
Micro & Small Ent. Dev. Credit Program	0
Housing Investment Guarantee Program	0
Enhanced Credit Program	0

Note: S.O. 2 is shown as a non-add.

In FY 1999 40% is allotted from S.O. 1; 60% from S.O. 3.

APPENDIX: Performance Data Tables

STRATEGIC OBJECTIVE 1: Increased use by women and men of voluntary practices that contribute to reduced fertility APPROVED: DD/MMM/YYYY COUNTRY/ORGANIZATION: G/POP			
RESULT NAME: S.O. Level Indicator			
INDICATOR: S.O. 1.0.1 CPR (Modern), Married women			
UNIT OF MEASURE: Married women of reproductive age (percent) SOURCE: DHS INDICATOR DESCRIPTION: Proportion of women of reproductive age(15-49) using or whose partner is using a "modern" contraceptive method at a particular point in time. Modern methods are condoms, Norplant, pill, IUD, injection, vaginal methods and voluntary surgical contraception. COMMENTS:	YEAR	PLANNED	ACTUAL
	1994(B)	30.9%	
	1995		32.1%
	1996		32.9%
	1997		
	1998		
	1999		
	2000(T)	36.8%	
	2005(T)	42.0%	

OBJECTIVE: Increased use by women and men of voluntary practices that contribute to reduced fertility APPROVED: DD/MMM/YYYY COUNTRY/ORGANIZATION: G/POP			
RESULT NAME: S.O. Level indicator			
INDICATOR: S.O. 1.0.2 CPR (Modern)/Unmarried women			
UNIT OF MEASURE: Unmarried women of reproductive age (percent) SOURCE: DHS INDICATOR DESCRIPTION: Proportion of unmarried women of reproductive age(15-49) using or whose partner is using a "modern" contraceptive method at a particular point in time. Modern methods are condoms, Norplant, pill, IUD, injection, vaginal methods and voluntary surgical contraception. COMMENTS:	YEAR	PLANNED	ACTUAL
	1994(B)	2.9%	
	1995		3.1%
	1996		3.2%
	1997		
	1998		
	1999		
	2000(T)	4.7%	
	2005(T)	5.9%	

OBJECTIVE: Increased use by women and men of voluntary practices that contribute to reduced fertility APPROVED: DD/MMM/YYYY COUNTRY/ORGANIZATION: G/POP			
RESULT NAME: SO Level indicator			
INDICATOR: S.O. 1.0.3 Median duration of exclusive breastfeeding			
UNIT OF MEASURE: months SOURCE: DHS INDICATOR DESCRIPTION: Median number of months that children age 5-7 months of WRA were exclusively breastfed between the ages of 0-6 months. COMMENTS:	YEAR	PLANNED	ACTUAL
	1994(B)		
	1995		
	1996		1.3
	1997		
	1998		
	1999		
	2000(T)	2	
	2005(T)	3	

OBJECTIVE: Increased use by women and men of voluntary practices that contribute to reduced fertility			
APPROVED: DD/MMM/YYYY COUNTRY/ORGANIZATION: G/POP			
RESULT NAME: New and improved technologies and approaches for contraceptive methods and family planning identified, developed, tested, evaluated, and disseminated.			
INDICATOR: IR 1.1.1 # of new and current contraceptive leads/methods under development or evaluation and/or advancing to the next stage and approved by FDA			
UNIT OF MEASURE: contraceptive leads/methods SOURCE: Project documents (CONRAD, POPCouncil, FHI) INDICATOR DESCRIPTION: N/A COMMENTS: Categories for contraceptive products: (a) under development, (b) evaluation, (c) moving from one stage to another	YEAR	PLANNED	ACTUAL
	1994(B)		37_0_0
	1995		37_0_0
	1996	37_5_1	40_2
	1997	40_2	
	1998(T)	37_20_2	
	1999		
	2000(T)		

OBJECTIVE: Increased use by women and men of voluntary practices that contribute to reduced fertility			
APPROVED: DD/MMM/YYYY COUNTRY/ORGANIZATION: G/POP			
RESULT NAME: New and improved technologies and approaches for contraceptive methods and family planning identified, developed, tested, evaluated and disseminated			
INDICATOR: IR 1.1.2 Number of Family Planning/Reproductive Health strategies/subsystems, IEC, training and other technical improvements, under development or evaluated			
UNIT OF MEASURE: strategy, sub-system, IEC, training and other technical improvement SOURCE: Project documents (Pop Council) INDICATOR DESCRIPTION: N/A COMMENTS:	YEAR	PLANNED	ACTUAL
	1994(B)		8_0
	1995		8_0
	1996	10_0	12_3
	1997		
	1998(T)	15_10	
	1999		
	2000(T)		

OBJECTIVE: Increased use by women and men of voluntary practices that contribute to reduced fertility			
APPROVED: DD/MMM/YYYYY COUNTRY/ORGANIZATION: G/POP			
RESULT NAME: Improved policy environment and increased global resources for family planning programs			
INDICATOR: IR 1.2.1 Numbers of countries with strategic plans reflecting public health principles, quality, access, and gender equity in FP/RH formulated and in effect			
UNIT OF MEASURE: strategic plans formulated and in effect SOURCE: PRB files INDICATOR DESCRIPTION: N/A COMMENTS: PRB files were used to classify countries into three ordinal categories: (1) having all of the above qualities, (2) having one to three qualities, and (3) having none of these qualities.	YEAR	PLANNED	ACTUAL
	1994(B)		
	1995		
	1996		
	1997		
	1998		
	1999		
	2000(T)		

OBJECTIVE: Increased use by women and men of voluntary practices that contribute to reduced fertility			
APPROVED: DD/MMM/YYYYY COUNTRY/ORGANIZATION: G/POP			
RESULT NAME: Improved policy environment and increased global resources for family planning programs			
INDICATOR: IR 1.2.5 Share of service delivery by LDC private sector			
UNIT OF MEASURE: % of service delivery provided by private sector SOURCE: DHS INDICATOR DESCRIPTION: Number of women ages 15-49 years of age currently using a contraceptive method whose last source was in the private sector. COMMENTS:	YEAR	PLANNED	ACTUAL
	1994(B)		41.8%
	1995	43.1%	43.1%
	1996(T)	44.5%	44.5%
	1997		
	1998(T)	47.3%	
	1999		
	2000(T)		

OBJECTIVE: Increased use by women and men of voluntary practices that contribute to reduced fertility			
APPROVED: DD/MMM/YYYY COUNTRY/ORGANIZATION: G/POP			
RESULT NAME: Enhanced capacity for public, private, NGO and community-based organizations to design, implement and evaluate sustainable family planning programs			
INDICATOR: IR 1.3.1 Scale for capacity building/sustainability			
UNIT OF MEASURE: Sustainability scale SOURCE: Sustainability Index Task Force INDICATOR DESCRIPTION: TBD COMMENTS: Sustainability Index Task Force formed in FY95. Index being field tested (?),	YEAR	PLANNED	ACTUAL
	1994(B)	N/A	
	1995	N/A	
	1996(T)		under development
	1997		
	1998(T)		
	1999		
	2000(T)		

OBJECTIVE: Increased use by women and men of voluntary practices that contribute to reduced fertility			
APPROVED: DD/MMM/YYYY COUNTRY/ORGANIZATION: G/POP			
RESULT NAME: Demand for, access to and quality of family planning and other selected reproductive health information and services increased			
INDICATOR: IR 1.4.1 Mean desired family size			
UNIT OF MEASURE: # of children SOURCE: DHS INDICATOR DESCRIPTION: Number derived by dividing the sum of # of desired children for women ages 15-49 years who give a numerical answer by the number of women of this group who give a numeric answer. (check with DHS) COMMENTS:	YEAR	PLANNED	ACTUAL
	1994(B)		3.4
	1995		3.3
	1996(T)	3.2	3.2
	1997		
	1998(T)	3.1	
	1999		
	2000(T)	3.0	

OBJECTIVE: Increased use by women and men of voluntary practices that contribute to reduced fertility			
APPROVED: DD/MMM/YYYY COUNTRY/ORGANIZATION: G/POP			
RESULT NAME: Demand for, access to and quality of family planning and other selected reproductive health information and services increased			
INDICATOR: IR 1.4.2 Mean number of modern methods known by women of reproductive age			
UNIT OF MEASURE: Number of methods SOURCE: DHS (USAID Priority Countries) INDICATOR DESCRIPTION: Derived from sum of # of modern methods known by women ages 15-49 years divided by # of women surveyed COMMENTS:	YEAR	PLANNED	ACTUAL
	1994(B)		4.6
	1995	4.7	4.7
	1996(T)	5.1	4.9
	1997		
	1998(T)	5.4	
	1999		
	2000(T)		

OBJECTIVE: Increased use by women and men of voluntary practices that contribute to reduced fertility			
APPROVED: DD/MMM/YYYY COUNTRY/ORGANIZATION: G/POP			
RESULT NAME: Demand for, access to and quality of family planning and other selected reproductive health information and services increased			
INDICATOR: IR 1.4.3 % of women who can travel to a source of family planning services/products within half an hour			
UNIT OF MEASURE: % of WRA who use a method or know a source SOURCE: DHS INDICATOR DESCRIPTION: % of WRA currently using or know of a place to get a contraceptive method whose last source was within 30 minutes one-way travel time or whose source comes to respondent. COMMENTS:	YEAR	PLANNED	ACTUAL
	1994(B)		66.5%
	1995	67	
	1996(T)	69	
	1997		
	1998(T)	71	
	1999		
	2000(T)		

OBJECTIVE: Increased use by women and men of voluntary practices that contribute to reduced fertility			
APPROVED: DD/MMM/YYYY COUNTRY/ORGANIZATION: G/POP			
RESULT NAME: Demand for, access to and quality of family planning and other selected reproductive health information and services increased			
INDICATOR: IR 1.4.4 Median length of using a temporary modern contraceptive method (months)			
UNIT OF MEASURE: # of months SOURCE: DHS INDICATOR DESCRIPTION: Mean length of using a temporary modern contraceptive method COMMENTS: (From DHS) Life table calculation of median length of use of modern contraception excluding sterilization. Median duration for use for all discontinuations excluding switching to sterilization or in order to become pregnant. Based on all episodes of use starting within 60 months prior to interview.	YEAR	PLANNED	ACTUAL
	1994(B)		28.4
	1995	29	
	1996(T)	30	
	1997		
	1998(T)	31	
	1999		
	2000(T)		

STRATEGIC OBJECTIVE 2: Increased use of safe pregnancy, women's nutrition, family planning and other key reproductive health interventions.			
APPROVED: DD/MMM/YYYY COUNTRY/ORGANIZATION: PHNC			
RESULT NAME: S.O. Level Indicator			
INDICATOR 2.0.1: Percent of women attended at least once during pregnancy by medically trained personnel for reasons related to pregnancy in selected priority countries.			
UNIT OF MEASURE: Percent	YEAR	PLANNED	ACTUAL
SOURCE: Demographic and Health Surveys	1994 (B)		74%
INDICATOR DESCRIPTION: Proportion of women seen at least once during their pregnancy by a doctor or other persons trained with midwifery skills for reasons related to the pregnancy	1995		76%
	1996		75%
	2000 (T)	80%	
COMMENTS: Includes only data from the following countries: Bolivia, Guatemala, Indonesia, Morocco, Zambia.	2005 (T)	86%	

STRATEGIC OBJECTIVE 2: Increased use of safe pregnancy, women's nutrition, family planning and other key reproductive health interventions.			
APPROVED: DD/MMM/YYYY COUNTRY/ORGANIZATION: PHNC			
RESULT NAME:			
INDICATOR 2.0.2: Percent of births in selected priority countries attended by medically trained personnel.			
UNIT OF MEASURE: Percent	YEAR	PLANNED	ACTUAL
SOURCE: Demographic and Health Surveys	1994 (B)		38%
INDICATOR DESCRIPTION: The proportion of births attended by trained health personnel, excluding traditional birth attendants.	1995		39%
	1996		40%
	2000 (T)	44%	
COMMENTS: Includes only data from the following countries: Bolivia, Egypt, Guatemala, Honduras, Indonesia, Morocco.	2005 (T)	51%	

STRATEGIC OBJECTIVE 2: Increased use of safe pregnancy, women's nutrition, family planning and other key reproductive health interventions.			
APPROVED: DD/MMM/YYYY COUNTRY/ORGANIZATION: PHNC			
RESULT NAME:			
INDICATOR 2.0.3: Percent of women with obstetric complications presented at a health facility.			
UNIT OF MEASURE: Percent	YEAR	PLANNED	ACTUAL
SOURCE: UNICEF/MotherCare	1994 (B)		4%
	1995		-
INDICATOR DESCRIPTION: Proportion of women estimated to have obstetric complications that present at a health facility.	1996		15%
COMMENTS: Includes only data from the following countries: Indonesia and Guatemala.	2000 (T)	8%	
	2005 (T)	15%	

STRATEGIC OBJECTIVE 2: Increased use of safe pregnancy, women's nutrition, family planning and other key reproductive health interventions.			
APPROVED: DD/MMM/YYYY COUNTRY/ORGANIZATION: PHNC			
RESULT NAME:			
INDICATOR 2.0.4: Percent of pregnant women receiving iron supplements in selected priority countries (per recommended guidelines)			
UNIT OF MEASURE: Percent	YEAR	PLANNED	ACTUAL
SOURCE: Demographic and Health Surveys, OMNI	1994 (B)		29%
	1995		-
INDICATOR DESCRIPTION: The number of pregnant women offered iron supplements divided by the number of live births.	1996		35%
COMMENTS: Includes only data from the following countries and/or states: Honduras, Indonesia, Uttar Pradesh, Madhya Pradesh.	2000 (T)	8%	
	2005 (T)	20%	

STRATEGIC OBJECTIVE 2: Increased use of safe pregnancy, women's nutrition, family planning and other key reproductive health interventions.			
APPROVED: DD/MMM/YYYY COUNTRY/ORGANIZATION: PHNC			
RESULT NAME:			
INDICATOR 2.0.5: Percent of pregnant women who have received at least two doses of tetanus toxoid (TT).			
UNIT OF MEASURE: Percent	YEAR	PLANNED	ACTUAL
SOURCE: Demographic and Health Surveys or WHO	1994 (B)		45%
INDICATOR DESCRIPTION: The number of pregnant women who have received at least 2 doses of TT vaccine per 100 live births in a defined area during a defined time period.	1995		51%
	1996		51%
	2000 (T)	-	
COMMENTS: Bolivia, Egypt, Guatemala, Honduras, Indonesia, Morocco, Zambia	2005 (T)	-	

STRATEGIC OBJECTIVE 2: Increased use of safe pregnancy, women's nutrition, family planning and other key reproductive health interventions.			
APPROVED: DD/MMM/YYYY COUNTRY/ORGANIZATION: PHNC			
RESULT NAME 2.1: Approaches and technologies to enhance key reproductive health interventions: identified, developed, being evaluated and available.			
INDICATOR 2.1.1: Models or techniques for evaluating the impact of low dose vitamin A on post-partum and neonatal sepsis.			
UNIT OF MEASURE: IDEA scheme	YEAR	PLANNED	ACTUAL
SOURCE: MotherCare/ Vitamin A for Health	1994 (B)		I-1
INDICATOR DESCRIPTION: A method or model for evaluating the impact of low dose vitamin A supplements on post-partum and neonatal sepsis.	1995		D-2
	1996		E-2
	2000 (T)	A-1	
COMMENTS:	2005 (T)	A-1	
<u>Cntry</u> <u>I</u> <u>D</u> <u>E</u> <u>A</u>			
Indonesia			X
Nepal			X

STRATEGIC OBJECTIVE 2: Increased use of safe pregnancy, women's nutrition, family planning and other key reproductive health interventions.																																																					
APPROVED: DD/MM/YYYY COUNTRY/ORGANIZATION: PHNC																																																					
RESULT NAME 2.1: Approaches and technologies to enhance key reproductive health interventions: identified, developed, being evaluated and available.																																																					
INDICATOR 2.1.2a: Approaches or models for obstetric care training																																																					
UNIT OF MEASURE: IDEA Scheme	YEAR	PLANNED	ACTUAL																																																		
SOURCE: MotherCare/PRIME																																																					
INDICATOR DESCRIPTION: Models for obstetric care training programs, lifesaving skills for midwives and post abortion care for training mid-level providers.	1994 (B)		D-3																																																		
COMMENTS:	1995		D-4																																																		
<table><tr><td><u>Cntry</u></td><td><u>I</u></td><td><u>D</u></td><td><u>E</u></td><td><u>A</u></td></tr><tr><td>Bolivia</td><td></td><td></td><td>X</td><td></td></tr><tr><td>Egypt</td><td>X</td><td></td><td></td><td></td></tr><tr><td>Ghana</td><td></td><td></td><td>X</td><td></td></tr><tr><td>Guatemala</td><td></td><td></td><td>X</td><td></td></tr><tr><td>Honduras</td><td>X</td><td></td><td></td><td></td></tr><tr><td>Indonesia</td><td></td><td></td><td>X</td><td></td></tr><tr><td>Moldova</td><td>X</td><td></td><td></td><td></td></tr><tr><td>Ukraine</td><td></td><td></td><td>X</td><td></td></tr><tr><td>Zambia</td><td></td><td>X</td><td></td><td></td></tr></table>	<u>Cntry</u>	<u>I</u>	<u>D</u>	<u>E</u>	<u>A</u>	Bolivia			X		Egypt	X				Ghana			X		Guatemala			X		Honduras	X				Indonesia			X		Moldova	X				Ukraine			X		Zambia		X			1996 (T)	E-1	I-3, D-1, E-5
<u>Cntry</u>	<u>I</u>	<u>D</u>	<u>E</u>	<u>A</u>																																																	
Bolivia			X																																																		
Egypt	X																																																				
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Ukraine			X																																																		
Zambia		X																																																			
	1998 (T)	E-1																																																			
	2000 (T)	A-1																																																			

STRATEGIC OBJECTIVE 2: Increased use of safe pregnancy, women's nutrition, family planning and other key reproductive health interventions.			
APPROVED: DD/MMM/YYYYY COUNTRY/ORGANIZATION: PHNC			
RESULT NAME 2.1: Approaches and technologies to enhance key reproductive health interventions: identified, developed, being evaluated and available.			
INDICATOR 2.1.2b: Approaches and/or models to enhance access/use of essential reproductive health services by young adults.			
UNIT OF MEASURE: IDEA Scheme SOURCE: MotherCare, Focus INDICATOR DESCRIPTION: Methods and models used to enhance access/use of any essential reproductive health services include: family planning and related fertility services; safe pregnancy service, improvement of women's nutritional status, and the promotion of breastfeeding; and prevention and management of STDs/HIV. COMMENTS: <u>Cntry</u> <u>I</u> <u>D</u> <u>E</u> <u>A</u> Peru(1) X Peru(2) X Uganda X Zambia X	YEAR	PLANNED	ACTUAL
	1994 (B)		I-3
	1995		D-3
	1996 (T)	D-2	I-1, D-2, E-1
	1998 (T)	E-1	
	2000 (T)	A-1	

STRATEGIC OBJECTIVE 2: Increased use of safe pregnancy, women's nutrition, family planning and other key reproductive health interventions.																																						
APPROVED: DD/MMM/YYYYY COUNTRY/ORGANIZATION: PHNC																																						
RESULT NAME 2.1: Approaches and technologies to enhance key reproductive health interventions: identified, developed, being evaluated and available.																																						
INDICATOR 2.1.2c: Approaches evaluated: costs of provision of essential obstetric care.																																						
UNIT OF MEASURE: IDEA Scheme SOURCE: MotherCare, Population Council, RPM, Rapids INDICATOR DESCRIPTION: Methods and models uses to evaluate/track the costs of the provision of essential obstetric care. COMMENTS: <table><tr><td><u>Cntry</u></td><td><u>I</u></td><td><u>D</u></td><td><u>E</u></td><td><u>A</u></td></tr><tr><td>Bolivia</td><td></td><td>X</td><td></td><td></td></tr><tr><td>Guatemala</td><td></td><td></td><td>X</td><td></td></tr><tr><td>Rapid</td><td></td><td>X</td><td></td><td></td></tr><tr><td>Indonesia</td><td></td><td>X</td><td></td><td></td></tr><tr><td>Global*</td><td></td><td>X</td><td></td><td></td></tr><tr><td>PAC**</td><td></td><td></td><td>X</td><td></td></tr></table> * Global RH commodities ** Post Abortion Care	<u>Cntry</u>	<u>I</u>	<u>D</u>	<u>E</u>	<u>A</u>	Bolivia		X			Guatemala			X		Rapid		X			Indonesia		X			Global*		X			PAC**			X		YEAR	PLANNED	ACTUAL
	<u>Cntry</u>	<u>I</u>	<u>D</u>	<u>E</u>	<u>A</u>																																	
	Bolivia		X																																			
	Guatemala			X																																		
	Rapid		X																																			
	Indonesia		X																																			
	Global*		X																																			
PAC**			X																																			
1994 (B)		D-2																																				
1995		D-2																																				
1996 (T)	E-1	D-4, E-2																																				
1998 (T)	E-1																																					
2000 (T)	A-1																																					

STRATEGIC OBJECTIVE 2: Increased use of safe pregnancy, women's nutrition, family planning and other key reproductive health interventions.																		
APPROVED: DD/MMM/YYYYY COUNTRY/ORGANIZATION: PHNC																		
RESULT NAME 2.1: Approaches and technologies to enhance key reproductive health interventions: identified, developed, evaluated and available.																		
INDICATOR 2.1.2d: Approaches evaluated: interventions to improve dietary intake of iron.																		
UNIT OF MEASURE: IDEA Scheme	YEAR	PLANNED	ACTUAL															
SOURCE: MotherCare	1995 (B)		D-2															
INDICATOR DESCRIPTION: Methods and models used to assess interventions to improve dietary intake of iron for women.	1996 (T)	E-1	D-1, E-1															
COMMENTS: <table><tr><td><u>Cntry</u></td><td><u>I</u></td><td><u>D</u></td><td><u>E</u></td><td><u>A</u></td></tr><tr><td>Bolivia</td><td></td><td>X</td><td></td><td></td></tr><tr><td>Peru</td><td></td><td></td><td>X</td><td></td></tr></table>	<u>Cntry</u>	<u>I</u>	<u>D</u>	<u>E</u>	<u>A</u>	Bolivia		X			Peru			X		1998 (T)	E-1	
	<u>Cntry</u>	<u>I</u>	<u>D</u>	<u>E</u>	<u>A</u>													
Bolivia		X																
Peru			X															
	2000 (T)	A-1																

STRATEGIC OBJECTIVE 2: Increased use of safe pregnancy, women's nutrition, family planning and other key reproductive health interventions.			
APPROVED: DD/MMM/YYYYY COUNTRY/ORGANIZATION: PHNC			
RESULT NAME 2.2: Improved policies and increased public and private sector resources and capacity to deliver key reproductive health services.			
INDICATOR 2.2.1a/b: Number of priority countries with policies and implementation plans in place for (a) safe pregnancy (b) breastfeeding promotion			
UNIT OF MEASURE: Number	YEAR	PLANNED	ACTUAL
SOURCE: MotherCare, Wellstart, UNICEF	1994 (B)		(a) 1 (b) 6
INDICATOR DESCRIPTION: (a) A measure of commitment to implement a policy to address safe pregnancy and ensure service provision. (b) A national breastfeeding plan is a program description which defines targets and provides operational guidance for activities during a specific period.	1995		(a) 2 (b) 22
	1996		(a) 5 (b) 28
	2000 (T)	(a) 2 (b) 25	
	2005 (T)	(a) 3 (b) 28	
COMMENTS: (a) Bolivia, Egypt, Guatemala, India, Indonesia (b) Armenia, Bolivia, Burkina Faso, Cameroon, Chile, Colombia, Costa Rica, DR, Ecuador, El Salvador, Egypt, Guatemala, Honduras, Indonesia, Kenya, Kyrgyzstan, Nicaragua, Panama, Peru, Philippines, Poland, Rwanda, Senegal, Swaziland, Tadjikistan, Thailand, Uganda, Zambia.			

STRATEGIC OBJECTIVE 2: Increased use of safe pregnancy, women's nutrition, family planning and other key reproductive health interventions.			
APPROVED: DD/MMM/YYYYY COUNTRY/ORGANIZATION: PHNC			
RESULT NAME 2.2: Improved policies and increased public and private sector resources and capacity to deliver key reproductive health services.			
INDICATOR 2.2.2a/b: Number of selected priority countries with competency-based training for selected reproductive health interventions incorporated into national curricula for: (a) life saving skills, (b) breastfeeding promotion.			
UNIT OF MEASURE: Number	YEAR	PLANNED	ACTUAL
SOURCE: Wellstart/Linkages, MotherCare	1994 (b)		(a) <3 (b) 5
INDICATOR DESCRIPTION: (a) Existence of competency-based training for life saving skills at a national level curricula. (b) Existence of training for the promotion of breastfeeding.	1995		(a) 2 (b) 15
	1996	(a) <3 (b) 17	(a) 4 (b) 26
	2000 (T)	(a) 3 (b) 17	
	2005 (T)	(a) 4 (b) 20	
COMMENTS: Targets for 1996-2005 based on 1995 figures and may require revision. (a) Bolivia, Indonesia, Nigeria, Uganda (b) Armenia, Bolivia, Brazil, Burkina Faso, Cameroon, Chile, Colombia, DR, El Salvador, Egypt, Ecuador, Honduras, India, Indonesia, Kenya, Mexico, Nicaragua, Pakistan, Peru, Philippines, Poland, Swaziland, Thailand, Uganda, Zambia, Zimbabwe.			

STRATEGIC OBJECTIVE 2: Increased use of safe pregnancy, women's nutrition, family planning and other key reproductive health interventions.			
APPROVED: DD/MM/YYYY COUNTRY/ORGANIZATION: PHNC			
RESULT NAME 2.3: Access to essential obstetric services increased in selected countries			
INDICATOR 2.3.1: Percent of adults with knowledge of complications related to pregnancy and childbirth.			
UNIT OF MEASURE: Percent	YEAR	PLANNED	ACTUAL
SOURCE: MotherCare	1996 (B)	<5	25%
INDICATOR DESCRIPTION: Percent of all adults who can identify four of seven warning signs of maternal complications of pregnancy and childbirth.	1998 (T)	10	
COMMENTS: Data from Indonesia and Egypt only.	2000 (T)	20	

STRATEGIC OBJECTIVE 2: Increased use of safe pregnancy, women's nutrition, family planning and other key reproductive health interventions.			
APPROVED: DD/MMM/YYYYY COUNTRY/ORGANIZATION: PHNC			
RESULT NAME 2.3: Access to essential obstetric services increased in selected countries.			
INDICATOR 2.3.2: Percent of adults with knowledge of the location of essential obstetric services.			
UNIT OF MEASURE: Percent	YEAR	PLANNED	ACTUAL
SOURCE: MotherCare	1996 (B)	<5	70%
INDICATOR DESCRIPTION: Percent of adults surveyed who can identify where to go for essential obstetric services.	1998 (T)	10	
COMMENTS: Includes only data from Indonesia	2000 (T)	20	

STRATEGIC OBJECTIVE 2: Increased use of safe pregnancy, women's nutrition, family planning and other key reproductive health interventions.			
APPROVED: DD/MMM/YYYYY COUNTRY/ORGANIZATION: PHNC			
RESULT NAME 2.3: Access to essential obstetric services increased in selected countries.			
INDICATOR 2.3.3: Number of selected priority countries with systems in place to monitor access to essential obstetric care services.			
UNIT OF MEASURE: Number	YEAR	PLANNED	ACTUAL
SOURCE: MotherCare	1996 (T)	2	3
INDICATOR DESCRIPTION: The number of functioning facilities that provide at least one of the elements of obstetric care in the six months prior to the time of data collection.	1998 (T)	5	
COMMENTS: Bolivia, Guatemala, Indonesia	2000 (T)	10	

STRATEGIC OBJECTIVE 2: Increased use of safe pregnancy, women's nutrition, family planning and other key reproductive health interventions.			
APPROVED: DD/MMM/YYYYY COUNTRY/ORGANIZATION: PHNC			
RESULT NAME 2.4: Quality of essential obstetric services increased in selected countries.			
INDICATOR 2.4.1a/b/c: Number of facilities adopting prototype systems for (a) recording and aggregating complications by cause, (b) monitoring admissions-intervention interval for hemorrhage as part of quality assurance program, (c) monitoring case fatality rate.			
UNIT OF MEASURE: Number	YEAR	PLANNED	ACTUAL
SOURCE: MotherCare			
INDICATOR DESCRIPTION: (a) Aggregation of direct complications by cause for: sepsis, hemorrhage, obstructed labor, hypertensive disorders of pregnancy and septic abortion (b) Existence of effective QA mechanisms for Post abortive care or system for monitoring and evaluating post abortion care. (c) Deaths from specific complication/deaths from all complications in the facility during the time period.	1996 (T)	(a) <4 (b) <4 (c) <4	(a) 10 (b) 10 (c) 10
	1998 (T)	(a) 8 (b) 8 (c) 4	
COMMENTS: Guatemala (4), Indonesia (6)	2000 (T)	(a) 20 (b) 20 (c) 15	

STRATEGIC OBJECTIVE 3: Increased Use of Key Child Health and Nutrition Interventions			
APPROVED: DD/MMM/YYYYY COUNTRY/ORGANIZATION: G/PHN			
RESULT NAME: Prevention			
INDICATOR 3.0.1a: Percent of children fully immunized by age 1			
UNIT OF MEASURE: Children 12-23 months of age immunized by age 1 SOURCE: Demographic and Health Surveys INDICATOR DESCRIPTION: Children receiving 3 doses of DPT and Polio, as well as one dose of measles before 1 year of age. COMMENTS: Data available for 28 countries in 1995/96 (including baseline).	YEAR	PLANNED	ACTUAL
	1994 (B)		40%
	1995		-
	1996		43%
	2000 (T)	45%	
	2005 (T)	51%	

STRATEGIC OBJECTIVE 3: Increased Use of Key Child Health and Nutrition Interventions			
APPROVED: DD/MMM/YYYYY COUNTRY/ORGANIZATION: G/PHN			
RESULT NAME: Prevention			
INDICATOR 3.0.1b: Percent of children age 6-60 months receiving vitamin A supplementation			
UNIT OF MEASURE: Children 6-60 months of age with an adequate vitamin A status SOURCE: INDICATOR DESCRIPTION: The proportion of children 6-60 months of age receiving vitamin A supplementation in the previous 6 months. COMMENTS: Data not available for 1996.	YEAR	PLANNED	ACTUAL
	1994 (B)		23%
	1995		-
	1996		-
	2000 (T)	45%	
	2005 (T)	65%	

STRATEGIC OBJECTIVE 3: Increased Use of Key Child Health and Nutrition Interventions			
APPROVED: DD/MMM/YYYYY COUNTRY/ORGANIZATION: G/PHN			
RESULT NAME: Prevention			
INDICATOR 3.0.1c: Percent of infants less than 4 months old exclusively breastfed			
UNIT OF MEASURE: Infants 0-3 months of age	YEAR	PLANNED	ACTUAL
SOURCE: Demographic and Health Surveys	1994 (B)		45%
	1995		-
INDICATOR DESCRIPTION: An estimate of the proportion of infants less than four months (120 days) of age who receive no foods or liquids other than breastmilk.	1996		49%
COMMENTS: Data available for 31 countries in 1996.	2000 (T)	51%	
	2005 (T)	58%	

STRATEGIC OBJECTIVE 3: Increased Use of Key Child Health and Nutrition Interventions			
APPROVED: DD/MMM/YYYYY COUNTRY/ORGANIZATION: G/PHN			
RESULT NAME: Treatment of Illness			
INDICATOR 3.0.2a: Percent of children under age five receiving ORS, recommended home fluids or increased fluids for diarrhea			
UNIT OF MEASURE: Children under five with diarrhea	YEAR	PLANNED	ACTUAL
SOURCE: Demographic and Health Surveys	1994 (B)		51%
	1995		-
INDICATOR DESCRIPTION: Proportion of all cases of diarrhea in children under 5 treated with ORS and/or recommended home fluids or increased fluids.	1996		53%
COMMENTS: Data available for 20 countries in 1996	2000 (T)	72%	
Baseline recalculated using DHS data.	2005 (T)	89%	

STRATEGIC OBJECTIVE 3: Increased Use of Key Child Health and Nutrition Interventions			
APPROVED: DD/MMM/YYYYY COUNTRY/ORGANIZATION: G/PHN			
RESULT NAME: Treatment of illness			
INDICATOR 3.0.2b: Percent of children with ARI symptoms taken to health care facility			
UNIT OF MEASURE: Children under age five with ARI symptoms	YEAR	PLANNED	ACTUAL
SOURCE: Demographic and Health Surveys	1994 (B)		57%
INDICATOR DESCRIPTION: Percent of children under five taken to health facility (trained community health workers, public facilities, trained private medical provider) for cough and rapid breathing.	1995		-
	1996		57%
	2000 (T)	65%	
COMMENTS: Data available for 27 countries in 1996.	2005 (T)	75%	

STRATEGIC OBJECTIVE 3: Increased Use of Key Child Health and Nutrition Interventions			
APPROVED: DD/MMM/YYYYY COUNTRY/ORGANIZATION: G/PHN			
RESULT NAME 3.1: New and improved cost-effective interventions developed and disseminated			
INDICATOR 3.1.1a: Technologies evaluated: ARI conjugate vaccines (a) Hib (b) Pneumo.			
UNIT OF MEASURE: IDEA Scheme: Identified, Developed, Evaluated, Available	YEAR	PLANNED	ACTUAL
SOURCE: G/PHN	1994 (B)		(a) D-1 (b) I-1
INDICATOR DESCRIPTION: ARI vaccines being developed in various combinations.	1995		(a) E-1 (b) I-1
	1996 (T)	(a) E-1 (b) D-1	(a) E-1 (b) D-1
	1998 (T)	(a) A-1 (b) D/E-1	

STRATEGIC OBJECTIVE 3: Increased Use of Key Child Health and Nutrition Interventions			
APPROVED: DD/MMM/YYYYY COUNTRY/ORGANIZATION: G/PHN			
RESULT NAME 3.1: New and improved cost-effective interventions developed and disseminated			
INDICATOR 3.1.1b: Technologies evaluated: Malaria vaccines			
UNIT OF MEASURE: IDEA Scheme: Identified, Developed, Evaluated, Available SOURCE: G/PHN INDICATOR DESCRIPTION: Malaria vaccines being developed in various combinations. COMMENTS:	YEAR	PLANNED	ACTUAL
	1994 (B)		E-1
	1995		I-7, D-4, E-4
	1996 (T)	I-9, D-5, E-5	I-10, D-5, E-5
	1998 (T)	I-11, D-7, E-7	

STRATEGIC OBJECTIVE 3: Increased Use of Key Child Health and Nutrition Interventions			
APPROVED: DD/MMM/YYYYY COUNTRY/ORGANIZATION: G/PHN			
RESULT NAME 3.1: New and improved cost-effective interventions developed and disseminated			
INDICATOR 3.1.1c: Technologies evaluated: Vaccine vial monitors (a) Polio (b) Measles			
UNIT OF MEASURE: IDEA Scheme: Identified, Developed, Evaluated, Available SOURCE: G/PHN INDICATOR DESCRIPTION: COMMENTS: The evaluation stage for the pneumo. vaccine is expected to take 4 years to complete.	YEAR	PLANNED	ACTUAL
	1994 (B)		(a) E-1 (b) I/D-1
	1995	(a) (b)	(a) E-1 (b) I/D-1
	1996 (T)	(a) A-1 (b) I/D-1	(a) A-1 (b) I/D-1
	1998 (T)	(a) A-1 (b) D/E-1	

STRATEGIC OBJECTIVE 3: Increased Use of Key Child Health and Nutrition Interventions			
APPROVED: DD/MMM/YYYYY COUNTRY/ORGANIZATION: G/PHN			
RESULT NAME 3.1: New and improved cost-effective interventions developed and disseminated			
INDICATOR 3.1.1d: Technologies evaluated: Diagnostics for Malaria			
UNIT OF MEASURE: IDEA Scheme: Identified, Developed, Evaluated, Available SOURCE: G/PHN INDICATOR DESCRIPTION: A single platform diagnostic to identify malaria. COMMENTS:	YEAR	PLANNED	ACTUAL
	1994 (B)		I-2
	1995		I-2
	1996 (T)	D-2	D-2
	1998 (T)	E-2	

STRATEGIC OBJECTIVE 3: Increased Use of Key Child Health and Nutrition Interventions			
APPROVED: DD/MMM/YYYYY COUNTRY/ORGANIZATION: G/PHN			
RESULT NAME 3.1: New and improved cost-effective interventions developed and disseminated			
INDICATOR 3.1.2a: Approaches evaluated: Integrated case management of the sick child			
UNIT OF MEASURE: IDEA Scheme: Identified, Developed, Evaluated, Available SOURCE: BASICS INDICATOR DESCRIPTION: An integrated approach to the management of childhood illness, includes a fully integrated training package which addresses: pneumonia; diarrhea; malaria; measles and malnutrition. COMMENTS: Activities currently underway in the following countries: Bolivia; Ecuador; Ethiopia; Peru; Tanzania; Uganda; Zambia.	YEAR	PLANNED	ACTUAL
	1994 (B)		D-1
	1995		D-1
	1996 (T)	E-1	E-1
	1998 (T)	A-1	

STRATEGIC OBJECTIVE 3: Increased Use of Key Child Health and Nutrition Interventions			
APPROVED: DD/MMM/YYYYY COUNTRY/ORGANIZATION: G/PHN			
RESULT NAME 3.2: Improved policies and increased global, national and local resources for appropriate child health interventions			
INDICATOR 3.2.1: Number of countries meeting vaccine self-financing levels			
UNIT OF MEASURE: Number of countries by Band SOURCE: WHO/GPV INDICATOR DESCRIPTION: Number of countries meeting self-financing levels. COMMENTS: Band A countries are expected to finance 10-25% of vaccines, Band B countries are expected to finance up to 80% and Bands C and D are expected to finance 100%. Indicator and targets to be reviewed following completion of UNICEF survey of all program countries during 1997	YEAR	PLANNED	ACTUAL
	1994 (B)		38
	1996 (T)	40	data pending
	1998 (T)	45	

STRATEGIC OBJECTIVE 3: Increased Use of Key Child Health and Nutrition Interventions			
APPROVED: DD/MMM/YYYYY COUNTRY/ORGANIZATION: G/PHN			
RESULT NAME 3.3: Enhanced knowledge of key child health and nutrition behaviors/practices in selected countries			
INDICATOR 3.3.1a: Percent of caretakers with correct knowledge of: the signs and symptoms of acute respiratory infection needing assessment			
UNIT OF MEASURE: Proportion of caretakers with correct knowledge SOURCE: Demographic and Health Surveys/WHO INDICATOR DESCRIPTION: Percent of caretakers with correct knowledge of the symptoms and signs of acute respiratory infection needing assessment. COMMENTS:	YEAR	PLANNED	ACTUAL
	1994 (B)		33%
	1995		36%
	1996 (T)	36%	36%
	1998 (T)	40%	

STRATEGIC OBJECTIVE 3: Increased Use of Key Child Health and Nutrition Interventions			
APPROVED: DD/MMM/YYYYY COUNTRY/ORGANIZATION: G/PHN			
RESULT NAME 3.3: Enhanced knowledge of key child health and nutrition behaviors/practices in selected countries			
INDICATOR 3.3.1b: Percent of caretakers with correct knowledge of: the appropriate treatment for diarrhea: (a) careseeking; (b) increased fluids; and (c) continued feeding			
UNIT OF MEASURE: Proportion of caretakers with correct knowledge SOURCE: WHO/Demographic and Health Surveys INDICATOR DESCRIPTION: Percent of caretakers who know the three rules of home case management of diarrhea: to seek treatment outside of the home for a child with diarrhea when appropriate, to give increased amounts of fluids, to continue feeding COMMENTS: Baseline data from WHO, new data from 1996 from DHS based on a limited number of countries	YEAR	PLANNED	ACTUAL
	1994 (B)		(a) 25% (b) 50% (c) 40%
	1995		-
	1996 (T)	(a) 30% (b) 55% (c) 50%	(a) 42% (b) 62% (c) 61%
	1998 (T)	(a) 40% (b) 60% (c) 60%	

STRATEGIC OBJECTIVE 3: Increased Use of Key Child Health and Nutrition Interventions			
APPROVED: DD/MMM/YYYYY COUNTRY/ORGANIZATION: G/PHN			
RESULT NAME 3.4: Improved quality and availability of key child health/nutrition services			
INDICATOR 3.4.3: Number of selected countries with program guidelines in place for: (a) micronutrients deficiencies; and (b) ICM of sick children			
UNIT OF MEASURE: Number of countries SOURCE: OMNI, BASICS INDICATOR DESCRIPTION: (a) clearly defined micronutrient implementation strategy in place, (b) ICM strategy in place COMMENTS:	YEAR	PLANNED	ACTUAL
	1995 (B)		a) 8 b) 0
	1996 (T)	a) 11 b) 4	a) 12 b) 4
	1998 (T)	a) 17 b) 8	

STRATEGIC OBJECTIVE 4: Increased use of proven interventions to reduce HIV/STD transmission APPROVED: DD/MMM/YYYY COUNTRY/ORGANIZATION: G/PHNC			
RESULT NAME: (SO level)			
INDICATOR: Condom Social Marketing (CSM) annual sales per male population, 15-54, in select HIV emphasis countries			
UNIT OF MEASURE: units sold per male 15-54	YEAR	PLANNED	ACTUAL
	1994 (B)		0.93
SOURCE: Calculations by AIDSCAP	1995		1.66
INDICATOR DESCRIPTION:	1996		1.79
	2000	1.8	
COMMENTS: to be discontinued as performance monitoring indicator under SO4	2005	2.0	

STRATEGIC OBJECTIVE 4: Increased use of proven interventions to reduce HIV/STD transmission APPROVED: DD/MMM/YYYY COUNTRY/ORGANIZATION: G/PHNC			
RESULT NAME: (SO level)			
INDICATOR: Total volume of USAID shipped condoms to HIV emphasis countries			
UNIT OF MEASURE: millions of units shipped	YEAR	PLANNED	ACTUAL
	1994 (B)		183.87
SOURCE:	1995		314.118
INDICATOR DESCRIPTION: Condoms purchased and shipped by USAID	1996		346.518
	2000	150	
COMMENTS:	2005	200	

STRATEGIC OBJECTIVE 4: Increased use of proven interventions to reduce HIV/STD transmission APPROVED: DD/MMM/YYYY COUNTRY/ORGANIZATION: G/PHNC			
RESULT NAME: (SO level)			
INDICATOR: Sex-specific general population rate of reported condom use in in-union partner relations in HIV-emphasis countries			
UNIT OF MEASURE: percent	YEAR	PLANNED	ACTUAL
SOURCE: DHSs, AIDSCAP	1994 (B)		15-31%(m) 3-5% (f)
	1995		9-12% (m) 4-7% (f)
INDICATOR DESCRIPTION: during most recent act of sexual intercourse	1996		6-47% (m) 3-41% (f)
	2000	2 point increase	
COMMENTS: Based on various survey data from DHS and AIDSCAP; wide ranges reflect differences in survey methodology as well as differences in population's responses.	2005	5 point increase	

STRATEGIC OBJECTIVE 4: Increased use of proven interventions to reduce HIV/STD transmission APPROVED: DD/MMM/YYYY COUNTRY/ORGANIZATION: G/PHNC			
RESULT NAME: (SO level)			
INDICATOR: Sex-specific general population rate of reported condom use in casual relations, in HIV-emphasis countries			
UNIT OF MEASURE: percent	YEAR	PLANNED	ACTUAL
SOURCE: DHSs, AIDSCAP	1994 (B)		<10% (m) - (f)
	1995		31-60%(m) 17-38% (f)
INDICATOR DESCRIPTION: during most recent act of sex	1996		12-100%(m) 20-98% (f)
	2000	5 point increase	
COMMENTS: Based on various survey data from DHS and AIDSCAP; wide ranges reflect differences in survey methodology as well as differences in population's responses.	2005	15 point increase	

STRATEGIC OBJECTIVE 4: Increased use of proven interventions to reduce HIV/STD transmission APPROVED: DD/MMM/YYYY COUNTRY/ORGANIZATION: G/PHNC			
RESULT NAME: IR 4.1: Effective interventions to reduce sexual transmission of HIV/STD identified, strengthened, implemented and evaluated in emphasis countries			
INDICATOR: Technologies evaluated and available: Female barrier methods			
UNIT OF MEASURE: "IDEA" Scale: I = technology approach identified, D =developed, E = evaluated, A = made available	YEAR	PLANNED	ACTUAL
SOURCE: Monitored by G/PHNC/HN/HIV-AIDS	1994 (B)		1@I 1@D 1@E
INDICATOR DESCRIPTION:	1995		1@I 2@E
COMMENTS: to be discontinued as performance monitoring indicator under SO4	1996	1@I 1@E 1@A	1@I 2@E
	1998	1@D 1@E 1@A	

STRATEGIC OBJECTIVE 4: Increased use of proven interventions to reduce HIV/STD transmission APPROVED: DD/MMM/YYYY COUNTRY/ORGANIZATION: G/PHNC			
RESULT NAME: IR 4.1: Effective interventions to reduce sexual transmission of HIV/STD identified, strengthened, implemented and evaluated in emphasis countries			
INDICATOR: Technologies evaluated and available: STD diagnostics			
UNIT OF MEASURE: "IDEA" Scale: I = technology approach identified, D =developed, E = evaluated, A = made available	YEAR	PLANNED	ACTUAL
SOURCE: Monitored by G/PHNC/HN/HIV-AIDS	1994 (B)		1@I 2@D
INDICATOR DESCRIPTION:	1995		2@D 1@E
COMMENTS: to be discontinued as performance monitoring indicator under SO4			

	1996	1@I 2@E 1@A	2@D 1@E
	1998	1@D 1@E 2@A	

STRATEGIC OBJECTIVE 4: Increased use of proven interventions to reduce HIV/STD transmission APPROVED: DD/MMM/YYYY COUNTRY/ORGANIZATION: G/PHNC			
RESULT NAME: IR4.4: Knowledge, availability, and quality of HIV/STD interventions increased in emphasis countries.			
INDICATOR: % of population aware of treatable STDs			
UNIT OF MEASURE: percent SOURCE: DHS, AIDSCAP Surveys INDICATOR DESCRIPTION: COMMENTS: Based on various survey data from DHS and AIDSCAP; wide ranges reflect differences in survey methodology as well as differences in population's responses.	YEAR	PLANNED	ACTUAL
	1994 (B)		20%
	1995		57-73%(m) 18-45%(f)
	1996	25%	80-98%(m) 42-99%(f)
	1998	65%(m) 40%(f)	

STRATEGIC OBJECTIVE 4: Increased use of proven interventions to reduce HIV/STD transmission APPROVED: DD/MMM/YYYY COUNTRY/ORGANIZATION: G/PHNC			
RESULT NAME: IR4.4: Knowledge, availability, and quality of HIV/STD interventions increased in emphasis countries.			
INDICATOR: % of population with correct knowledge of HIV/AIDS prevention			

UNIT OF MEASURE: percent SOURCE: DHS, AIDSCAP Surveys INDICATOR DESCRIPTION: COMMENTS: Based on various survey data from DHS and AIDSCAP; wide ranges reflect differences in survey methodology as well as differences in population's responses.	YEAR	PLANNED	ACTUAL
	1994 (B)		26-66%
	1995		27% (m) 29% (f)
	1996	30% (m) 35% (f)	19-98%
	1998	40%(m) 45%(f)	

DATA NOTES FOR PERFORMANCE SUMMARY AND PERFORMANCE DATA TABLES

1. A "cumulative weighted average" has been calculated. The cumulative weighted average is derived from taking the baseline data and adding the new data that arises on an annual basis. In countries with repeat surveys, the new value would replace the previous value for the current estimates. Weighting is based on the proportion of the population that each country contributes to the total population of all countries surveyed.
2. For other indicators (see individual Performance Tables):

Simple averages or individual values may be reported when the number of data points are few.